

**TOWARDS "BOTH-AND" LAND: A JOURNEY FROM ANSWERS TO QUESTIONS ABOUT
THE THERAPEUTIC SELF**

by

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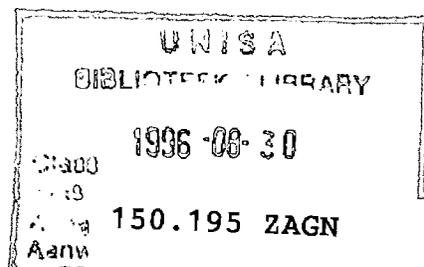
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SUMMARY

This thesis constitutes a narrative description of the evolution of my therapeutic self during my training as a clinical psychologist. During the telling of this story, I review the ways in which I was perturbed by the mix between the various theories and the various contexts visited during the years of my post-graduate training. I have described and critically compared my responses to the following models: psychoanalytic, psychodynamic, first-order cybernetic, and second-order cybernetic (covering the first, second and third movements). Throughout, I have attempted to track the development of a congruent, personal therapeutic self while simultaneously assuming that this self is constantly coming-into-being.

Key terms:

Psychoanalysis; Psychodynamics; Cybernetic epistemology; First-order cybernetics; Second-order cybernetics; Biological constructivism; Observing system; Social constructionism; Narrative; Therapeutic self.

CHAPTER 1

INTRODUCTION: ONCE UPON A TIME

[The eye of the Unicorn] happened to fall upon Alice; he turned round instantly, and stood for some time looking at her with an air of the deepest disgust.

"What-is-this?" he said at last.

"This is a child!" Haigha replied eagerly...."We only found it to-day. It's as large as life, and twice as natural!"

"I always thought they were fabulous monsters!" said the unicorn. "Is it alive?"

"It can talk," said Haigha solemnly.

The Unicorn looked dreamily at Alice, and said, "Talk, child!"

Alice could not help her lips curling up into a smile as she began: "Do you know, I always thought unicorns were fabulous monsters, too! I never saw one alive before!"

"Well, now that we *have* seen each other," said the Unicorn, "if you'll believe in me, I'll believe in you. Is that a bargain?"

"Yes, if you like," said Alice.

-Lewis Carroll, *Through the Looking Glass*

I sit at present, in my study, surrounded by an assortment of texts which find their origins in many different paradigms with as many differing assumptions and I begin the last stage of my training as a clinical psychologist, the ritual of the writing of my thesis. Surrounded by the comfort of now familiar names, I am as yet unsure where this last path will lead me to. I do not hope, any longer, to arrive at the position of answers, the comfort of which I was jolted out of nearly five years ago. I hope to journey back in one meaningful way, and make one kind of sense out of the time that has passed and the numerous perturbations I have encountered. The story awaits me. I am aware of the creative power I hold at the edge of my fingertips to tell any number of stories and I look forward to experiencing the telling that will unfold. I remain constantly aware of the presence of my supervisor, as well as that of the 'fraternity' who will

ultimately judge this story according to a predetermined set of rules and am conscious of the way in which this partially invisible audience will co-direct the telling that will occur. I welcome you then, my invisible, ever present co-authors, onto this voyage of co-redescription.

The central theme of this story concerns my evolution as a therapist, the process of my changing epistemology in the clinician's chair. As such, I began my journey in a carriage called psychodynamics. I then journeyed with cybernetics, first- and supposedly second-order, reading and experimenting with the work of Haley, Watzlawick, Bateson, Keeney, Minuchin, Maturana and others. Yet through all of this, I felt as if my voice as a therapist was muffled by the injunctions of the different masters. I had not yet developed an articulate voice of my own. This voice evolved in the rigours of the South African townships, in Soweto and Katlehong, in places where one is rendered ineffectual unless one masters using one's own voice. But that happened near the end of this story, I am jumping ahead of myself. Let me begin at the beginning...

In the writing of this introductory chapter, I hold the assumptions that correspond with the last chapter, and write accordingly. That is, I write from the humbling position of constructionism and thus hold an awareness of the infinite number of ways in which this story could have been told. Clearly, this is only one version. It is the version that I find most useful. It is not the version that most closely resembles the Truth of the time that has passed. Narrative theory fits comfortably within the frame of constructionism. In terms of narrative theory, we imbue experience with meaning through the narrative process, that is, we make sense of lived time by storying it. In accordance with a constructionistic frame, the story thought or told, is only one possible story. Further, all narrations are organised around themes, those ideas that frame the content. The dominant theme of this story concerns my exploration of what facilitates the occurrence of difference or change in the context of therapy. Primarily, the story is organised in time units of one year, and the associated academic, or other, pursuit. As such, I will trace my honours year, the first year of my academic masters, the year that I had twins, the second academic year of masters, the internship year, and finally, the year I am presently in, that of writing this story, of committing into writing one version of the time that has passed, and in so doing, validating that version in a most powerful way. I am sure that once this has been written and bound in a scholarly leather casing, it will be the version most believed, even by myself.

CHAPTER 2

HONOURS YEAR: WITHIN THE INTERNAL

Both my undergraduate years and the year of my honours were spent at the University of the Witwatersrand. My theoretical thinking was underpinned in my undergraduate years and then consolidated during the year of honours. The psychodynamic model is the most dominant paradigm in the clinical psychotherapy department of the University of the Witwatersrand, and, eager to join with a department that would either select or reject me at both the stage of honours and masters, I embraced psychodynamics, as well as its powerful narrators with much enthusiasm. Further, I was enchanted by the model, it resonated with a great deal of my personal story, and my own need to explore the origins of my self. The theorist that I connected most strongly with was Winnicott - a paediatrician who revised a number of core psychoanalytic concepts in evolving the theory of psychodynamics. While deciding whether to focus solely on Winnicott in this section, or to extend my endeavour more deeply into the historical development of the field of psychoanalysis, I was tempted to concentrate on Winnicott alone. Clearly, having written numerous essays on Winnicott, this would have been an uncomplicated enterprise. However, once I confronted the work, I was not able to answer the multitude of questions I had regarding the essential differences between the family and psychoanalytic fields without researching more deeply. Searching for literature on the topic left my questions unanswered and so I was left to answer either the call of Indolence or Integrity. Integrity won. I do not claim to offer in this chapter a rigorous description of any of the theorists that I will present - I will only describe enough to facilitate the drawing out of the assumptions that underlie each of their works. The theorists that I will consider are Freud, Klein and Winnicott.

The content of this chapter is almost purely theoretical. The writing of it does not sound like a narrative. I disappear in the telling about these theorists. In making sense of this disappearance of my self, I realised that for my four years at the university of the Witwatersrand, *my* experience of the context was one in which I absorbed the voices of 'the masters'. I never felt encouraged to look recursively at the ways in which I interacted with the work. This was also contextually determined in that the undergraduate and honours courses are only theoretical,

one has no formal access to sitting in the therapists chair, to the 'doing' of therapy. My training at this stage was thus only in the domain of theory. My narrative can thus only be articulated through the voices of Freud, Klein, and Winnicott. To superimpose my voice at present on this chapter would be a false imposition. Rather, I will leave the narrative voice in the domain of theory at this moment in the story, and recursively return to these ideas towards the close of the story.

Psychoanalysis

Essentially, the field of psychoanalysis is concerned with the ingredients that motivate the human being, what it is that pushes us to do the things that we do. In the process of this doing, a self, or in the language of psychoanalysis, a personality, will emerge, either negotiating the inevitable trials successfully, or stumbling at some stage of psychic evolution and evolving into a self with pathology. Another focal point concerns the various ways in which the evolving person interacts with and uses objects, both internal and external. Objects are those people or things that interact with the evolving self in the meeting of needs thereby ushering in the rudimentary seeds of relating to the other. 'Object relations' then is the broad term given to refer to the relationships individuals have with others.

According to Greenberg and Mitchell (1983), the field of psychoanalysis, with Freud as the great pioneering figure, can be divided into two organising models; the Drive/structure model (the model developed first by Freud), and the Relational/structure model. According to Greenberg and Mitchell, the two models incorporate fundamentally different assumptions about the evolution of the self, and the associated therapeutic techniques differ accordingly. Both models address the process which constitutes the evolution both of the self as well as considering those factors which disrupt this resulting in psychopathology. A pivotal point around which the distinction between the two models is most evident concerns the role of others, internally and externally created, in the process of the emerging self.

Freud

The organising centre of Freud's model is the principle of instinctual drives. For Freud, drive (the rudimentary human urges) is that expansive source of energy which mobilises the psychic apparatus: drive is the motivational source of his model, it is man's biological nature which motivates human activities (Greenberg & Mitchell, 1983). Furthermore, drive is "an endogenous source of stimulation" (Greenberg & Mitchell, 1983, p.20), infants are born into their world endowed with this phylogenetic inheritance. Freud posited a dual drive theory: he argued that this activating demand on the mind derived from either a primary drive toward the sexual and self destructive (the pleasure seeking, libidinal id) or toward self-preservation (the reality based ego). The drives were not equal in potency. Rather, the libidinal drives were always dominant impinging powerfully and constantly on the ego drive which had to defend itself in turn.

Freud delineated a tripartite structure to the mind composed of id, ego and super-ego - the internalised voice of the parents who present to the child the socialising demands of the external world. Freud believed that these various structures corresponded to specific physiological sites in the brain and with further research, these sites would become known. It is at the point of conflict between the demands of the libidinal drives and the demands of the ego drives as well as those of civilised society (internalised as the super ego) that the set of intrapsychic mechanisms called the defenses arise. If this conflict, whose content changes in accordance with prescribed developmental stages, is not adequately negotiated (with the help of the parents), rigid defense mechanisms set into the evolving psychic structure and constitute the seeds of later psychopathology. Unacceptable impulses are repressed by the structures of ego and super-ego and working out of the realm of the unconscious mind, impinge on the conscious working of the person in various pathological ways. In other words, for Freud, pathology is the consequence of unresolved drive conflict, either between the drives and external reality (represented by the ego and super-ego), or between the drives themselves (libidinal and aggressive). This lack of resolution results in 'compromise formations,' which manifest as overt symptoms or as repetitive, self-defeating character traits (Greenberg & Mitchell, 1983).

For Freud, the object comes into focus only in so far as it functions to satisfy the injunctions of the drives. It is not a primary relationship with objects that is posited - objects

become coupled with drives in so far as they consistently and predictably begin to satisfy the disequilibrium set up by the needs of the instinctual drives. The object "is not originally connected with..(the instinct)...,but becomes assigned to it only in consequence of being peculiarly fitted to make satisfaction possible" (Greenberg & Mitchell, 1983, p.39) The object is not present from the beginning, rather it is created through the process of coupling need with satisfaction. "The object is the creation of drive,...and thus...object relations remain a function of drive" (Greenberg & Mitchell, 1983, p.42). In terms of this hypothesis, relationships with others, object relations, are moulded by internally derived drives. No attention is given to the impact of the interpersonal context in which the meeting or failure to meet needs occurs. This issue was partially addressed by Klein.

Klein

Where Freud's work with adults led to a set of assumptions about the nature of the developing child's psyche, Klein worked directly with children thereby filling a previously empty space in the field of psychoanalysis (Greenberg & Mitchell, 1983).

Klein's work underwent a series of theoretical shifts. At first, she focused almost exclusively on libidinal issues. "Klein saw genital, oedipal sexuality in every nook and cranny of the child's world" (Greenberg & Mitchell, 1983, p.121). Klein extended Freud's notion of libidinal development to include the child's drive to know, to explore the outer world, constituted largely of the mother's body. The child draws on a phylogenetically inherited store of eidetic images to construct elaborate fantasies of the mother's body and the wonders contained within, including food, faeces and babies. However, even with this capacity to construct fantasies of the mother, the drive to know is so fundamental and powerful, and emerges before the child has any access to language, that it is inevitably frustrated, resulting in intense longings and rage.

All inhibitions for Klein, at this point in the development of her ideas, derive from castration fears, anticipations of punishments for the pursuit of sexual satisfaction and knowledge, and all psychopathology is caused by a consequent repression of aspects of childhood sexuality. (Greenberg & Mitchell, 1983, p.122)

Klein later moved from a focus on libidinal drives, to the pull of aggression. Whereas before she had considered the desire for access to the contents of the mother's body to be driven by a need for knowledge, she now "views the motive as possession, control, and destruction: the [child's] dominant aim is to possess himself of the contents of the mother's body and to destroy her by means of every weapon which sadism can command" (Greenberg & Mitchell, 1983, p.123). Freud's understanding of the Oedipus Conflict as a struggle between the drive to achieve forbidden pleasures and the concomitant fear of punishment becomes in Klein's formulation, a struggle between the drive to achieve power and destruction, and the fear of retribution. The child thus lives in a state of paranoid anxiety constantly fearing the retaliation of both the mother and father for having destroyed both in fantasy. These fantasies (spelt phantasy by Klein), were not merely secondary offerings consciously available to the child in the face of ungratified instinctual needs. For Klein, Phantasy is drawn out of a fund of unconscious, phylogenetically inherited images, and "serves not as a substitute for, but as an accompaniment to, actual gratification" (Greenberg & Mitchell, 1983, p.124).

The parents that the child seeks to know and to destroy in phantasy are derived internally, that is, out of the fund of inherited images, and exist outside of the child's body as well as inside (as internalised object representations, or introjects). Internal objects are established from the beginning of psychological life and constitute the major content of phantasy (Greenberg & Mitchell, 1983). The insides of all of these bodies are imagined to contain both good and bad substances and objects and the infant is driven to seize

"good" substances and objects (ultimately, "good" milk, "good" faeces, a "good" penis and "good" children) and with their help to paralyse the action the "bad" objects and substances inside its body...A complex set of internalized object relations are established, and anxieties concerning the state of one's internal object world are the underlying basis, Klein was later to claim, for one's behaviour, moods, and sense of self. (Greenberg & Mitchell, 1983, p.125)

In Klein's third phase of theoretical development, she returned to libidinal issues but this time against the backdrop of her theorising around object relations. She thus moved away from formulations centred around the repression of libidinal sexuality to the emotions of love, hate and the longing for reparation. She depicted the child's earliest challenge, the 'Paranoid position' as the endeavour to keep separate the bad objects, both internal and external from the

self and the good objects. The child splits the good and bad objects and attempts at all cost to keep the two separate. However, a change occurs in the infant's psychic world from the fourth month of life. At this point the infant begins to be able to internalise whole, rather than split objects. The child now understands that there are not two mothers, one bad and one good. Rather, there is one mother who holds within herself good and bad. It is the good, cherished, and needed mother that the infant destroys in phantasy during moments of frustration and anxiety. The child now fears that she may have destroyed this newly discovered whole object and this awareness thrusts her into the depressive position.

The child now strives to resolve his depressive anxiety and the immense guilt that accompanies it through 'reparation', "the repair of the mother through restorative phantasies and behaviours" (Greenberg & Mitchell, 1983, p.126). The anxieties of the depressive position and the attempt at reparation remain a pivotal concern throughout life. The child is filled with remorse at having injured her parents and attempts to repair the damage. This process is repeated over and over, into adulthood, not only with the parents but in any relational context that evokes feelings of loss where loss is always experienced as a consequence of the persons own destructiveness. Sense of self as destroyer or repentant sinner is thus always connected to the quality of relationships experienced first with parents, and later with others, throughout the passage of life.

Klein and the Models

Klein's formulations sit comfortably within the drive/structure model in terms of her assumption that the critical ingredients of mental life emanate from within the phylogenetical inheritance of the individual and unfold in maturational sequence during a series of interactions with the individual and the external world of others. As with Freud, Klein believed that man is activated by internal drives, most importantly libido and aggression. However, Klein differed from Freud with regard to the content of these id forces and in so doing began the move away from a drive/structure model into a relational/structure model. Freud understood drives to be energy sources seeking satisfaction. Objects are then the source of tension reduction, the means through which drive needs are be satisfied. In the coupling of need with satisfaction and the concomitant acquiescence of frustration, a relational experience with the object is established. However, for Klein, the child is driven by the need to discover, know, love and hate others, with the body used as the vehicle to express this array of intense emotion. Drives are

object seeking in content - object relations are not a secondary consequence of drive gratification, rather, they are the source of longing. She thus introduced for the first time in psychoanalytic theory the importance of real people, specifically the parents in the developing child, and along with this, the associated importance of relationships. However, the relationships, and their associated emotional stages (the paranoid position, depressive position and stage of reparation) are presented as universal, originating as they do out of the phylogenetically inherited, universal drives. All significant emotions, while dealing with relational issues, derive from inside the individual's own mind. The cast of characters in this relational drama derive out of a set of universal images: good and bad body parts, babies, victims, survivors, and executioners. "The parents as real people are of central importance, but in tightly circumscribed and unidimensional ways" (Greenberg & Mitchell, 1983, p.146). They represent the universal attributes of parents: breasts, a penis, and the quality of surviving the aggressive phantasies of the child and reappearing after each aggressive assault thereby facilitating the child's belief in his restorative capacities. This assumption that the formation of object relations is constitutional in derivation, represents Klein's point of continued allegiance with the drive/structure model (Greenberg & Mitchell, 1983, p. 148). Klein saw the effect of the parents as being largely positive, counteracting the child's internal aggression and serving to ameliorate the intensity of the internally derived bad objects.

For Klein, the source of psychopathology is internal or constitutional, it lies in the child's own aggression which the parents either help to correct or not. What Klein did not address was the impact of the distinctive features of the parents on the child's evolving internal world. The possibility that parents enter into the lives of their children with their own experience of despair, and thereby contribute to the development of powerful bad objects - the antecedents of psychopathology - was not addressed in Klein's model. Neither did she address the alternative notion that the parents' particular strengths aid the child in forming whole, integrated objects - the antecedents of psychic well-being. Winnicott extended Klein's theory of development beyond the infant's internally generated fantasies to include the child's complex interactions with parents who are real both in their ability to adequately nurture and in the limits of their provision.

Winnicott

"Where do you live?" [Wendy asked Peter]

He sprang to his feet, legs wide, head back, eyes laughing boldly at her, for he had a good answer to that one.

Second to the right and straight on till morning!" he sang out - but Wendy only remarked, "What a funny address!"

"It isn't funny at all," Peter replied haughtily.

"Well, what do they put on your letters?" she asked.

"Don't have letters," he retorted.

"Well your mother's letters then."

"Don't have mothers," he snapped.

That was too much for Wendy's kind heart, and she leaped out of bed to comfort him. Peter instantly moved out of reach.

"Don't touch me," he said. "No one's allowed to touch me."

But Wendy was hard to impress. "Good gracious, why ever not?" she said.

"Oh I don't know." Peter shrugged it off for, as a matter of fact, he had only just thought of it, though he had a feeling it ought to be true.

J.M. Barrie, *Peter Pan*

Like Klein, Winnicott worked extensively with children. He worked as a paediatrician prior to and during his work as a psychoanalyst giving him much access to children and their mothers. Winnicott concerned himself with the balance in the development of the self between establishing a sense of separateness from the other while maintaining a necessary sense of connectedness. While he battled to remain loyal to Freud and Klein and the drive/structure model, his theory fits entirely within the relational/structure model of development. The processes involved in the development of a healthy or pathological self are understood to sit firmly in the realm of interactions between the child and his context of significant others. There is, as Winnicott once famously said, no such thing as a baby: "If you show me a baby, you certainly show me also someone caring for a baby, or at least a pram with someone's eyes and ears glued to it. One sees a 'nursing couple' (Winnicott, 1965, pp. 318-319).

Winnicott took Freud to task over Freud's assumption that there exists from the very beginning a self with the capacity to experience itself as separate from the other (Greenberg & Mitchell, 1983). For Winnicott, this was an erroneous assumption and much of his work concerned the central question as to how the infant makes the transition from being merged in with the mother to being separate, that is, how the infant arrives at a differentiated self. His theory tracked the infant's journey from the pleasure principle of absolute dependence through relative dependence, to the reality principle of independence.

According to Winnicott (1965), the infant begins life in a state of absolute dependence, "the infant is entirely dependent on the physical provision of the live mother..." (p. 84). This is a state of 'unintegration' - the infant is made up of scattered and disconnected pieces of experience. It is the mother who at first organises the infant's experiences for him. The 'good enough mother' encompasses a 'facilitating environment' within which the infant is held - "an infant who has had no one person to gather his bits together starts with a handicap in his own self-integrating task" (Winnicott, 1965, p. 150). The good enough mother meets the physiological needs of the infant and protects him from the 'impingement' of harsh experiences. The infant is extremely vulnerable, bodily needs and reactions are not yet felt as part of the self and they are experienced as alien and intrusive. "Maternal care (makes) it possible for the infant's self to be enriched as opposed to overwhelmed by instinctual experience" (Phillips, 1988, p.9). Winnicott (1965) notes that a holding environment is not achieved only through the meeting of physical needs. The relationship between mother and infant is rooted in the rich exchange of emotional relatedness. Where a mother holds and feeds her infant without offering to the infant empathy and a tangible sense of being welcome in this new relational field, the physical holding will be of little use.

In addition to 'holding' the child, the adaptive mother 'brings the world to the child' in such a way as to afford the infant the sense of being magnificently omnipotent and in control. The mother, at the beginning, by an almost 100% adaptation, affords the infant the opportunity for the illusion that her breast is part of the infant:

The infant, when excited conjures up, or more precisely, is on the verge of conjuring up, an object suitable to his needs. Ideally, it is precisely at that moment that the devoted mother presents him with just such a suitable object - the breast for example. (Greenberg & Mitchell, 1983, p. 192)

This affords the infant the moment of "illusion" - for the infant, the breast is created over and over again out of the infant's need. If the infant experiences an unbroken chain of events between need and satisfaction (hallucination and creation of the object), an early sense of security, omnipotence and integration is retained as central to the infant's personality. Consequently, the child is left with the basic ingredients of a solid and healthy self.

The mother's face is an essential feature in the environmental function of object-presenting when offered in such a way as to legitimate the baby's experience of omnipotence. Winnicott (1965) suggests that the precursor of the mirror is the mother's face, the mother gives back to the baby the baby's own self. The infant can only discover what he feels by seeing it reflected back. "If the infant is seen in a way that makes him feel that he exists, in a way that confirms him, he is free to go on looking" (Phillips, 1988, p.128). The infant's first definitions of self are thus a reflection of the way in which the mother relates to the infant. The development of what Winnicott (1965) calls the 'True Self', the source of spontaneous needs, images, and gestures, and the child's capacity to use objects, are dependent on the successful negotiation of the pre-integration stage. If successful, the infant's ego will be strong enough to manage the demands of the second stage, that of relative dependence. However, the failure of the mother to create a 'perfect environment' wherein the child's needs are actualised at the moment of experience, inhibits the child's sense of hallucinatory omnipotence, "constricting his belief in his own creativity and powers and driving a wedge between the evolution of the psyche and its somatic underpinnings" (Greenberg & Mitchell, 1983, p. 193). Clearly, this stage of development demands the care of a mother who is 100% attentive to the needs of her child. Winnicott (1965) considered this state of absolute attentiveness to be a natural and necessary beginning for both mother and child.

At about five or six months, once hallucinatory omnipotence is firmly established, a change occurs in the infant as he enters the stage of relative dependence. The mother, moving out of her state of complete maternal preoccupation, begins to slowly reduce her actualising of the infant needs. Through a process of 'optimal frustration' the infant is gently forced out of the experience of omnipotence towards the reality of what he cannot create or make happen, and so becomes aware of his need for adequate maternal care. The mother is outside, not inside, and the infant is in need of her care. This disillusionment is tempered by an internal push within the child towards separateness. "Thus, the mother's ego coverage and responsiveness

decrease in fine synchrony with an increase in the exercise of active ego functions on the part of the infant" (Greenberg & Mitchell, 1983, p. 193).

Winnicott (1965) suggests that emotional development is obstructed by failure of the mother to adapt adequately to the infant in either of two ways: the mother may fail to actively conjure up and make real the experienced hallucination thereby shifting the infant's experience away from that of omnipotent control toward a perception of the mother-object as separate before the ego is well enough integrated to do so. The infant is submerged prematurely into a state of doing - there occurs the premature abrogation of omnipotence. The mother may disturb development in another way, by disrupting the infant in what Winnicott terms necessary states of quiescence, of formlessness. Both types of maternal deficiencies are experienced by the child as 'impingement' - the child is forced out of himself, he has to adapt rather than be, and becomes a fragmented self split into a 'True Self' and a 'False Self'.

Thus the mother, unable, for reasons to do with her own development, to adapt to her infant's needs, fosters a precocious compliance in the child. To manage the demands of the mother and to protect the True Self of personal need and preoccupation, the child constructs a False Self (Phillips, 1988). Unable to get the mirror to notice and approve, the child is compelled to see only what the mother feels, and the True Self 'suffers insult'. The False Self develops as a measure of protection. By complying with environmental demands, the False Self constitutes a defence against that which is unthinkable, the exploitation of the True Self which would be tantamount to psychic annihilation. Although the False Self 'acts as a nurse', looking after the child, the child is unable to gain any creative strength from the False Self in times of difficulty. The False Self is not linked with feelings of wellbeing and thus it cannot elicit spontaneous joy and inspiration. Thus the False Self protects the True Self but ironically, in protecting the child, it strips him of the chance to interact creatively and joyously with life.

Winnicott and the Models

The above discussion illustrates Winnicott's relational rather than drive focus. His point of inquiry is not the baby alone but the 'nursing couple'. For Winnicott, neither an understanding of the emerging self, nor of psychopathology, can be achieved through a consideration of the infant alone. Rather, it is "various aspects of the early relationship between

the infant and the mother (that) serve as the foundation for the differentiation and structuralisation of the self" (Greenberg & Mitchell, 1983, p. 198).

For both Freud and Klein, the origins of relating to others (object relations), are intrinsically bound up with the forces of the drives. For Freud, objects are derived out of the constant coupling of need with gratification. In this way, the object is discovered but remains secondary to the immense power of the drives. For Klein, object and drive are inseparable; the infant is born with an internal phantasy of the object and so libidinal energy is object-seeking from the beginning. However, as with Freud, the primary goal of the impulse remains the reduction of tension and the experience of pleasure. For Winnicott, object relations grow out of the developmental needs of the child coupled with the ability of the mother to accurately provide, and all of this is separate from any consideration of an intrapsychic drive structure (Greenberg & Mitchell, 1983). For Klein, the child has an inherent set of images of the mother. For Winnicott, the child has an inherent need for relatedness with the mother where needs are different from instinctual wishes - "a need is either met or not met, and the effect is not the same as that of satisfaction and frustration of an id impulse" (Winnicott, 1965, p. 301). Whereas in the drive model, the process of the satisfaction of drives in relationship with the mother is the basis out of which the capacity for object relating derives, for Winnicott, drive gratification can occur without fostering object relations and the associated emerging self. "A baby can be fed without love, but lovelessness or impersonal management cannot succeed in producing a new autonomous human child" (Winnicott, 1971, p.127).

Psychotherapy - The Models Compared

Greenberg and Mitchell (1983) argue that there exists enough agreement across all of the psychoanalytic models to arrive at an overarching definition for the term 'psychoanalysis':

Each of the theorists discussed embraces a dynamic view of the process of human living, considering our lives determined by the complex interplay of a variety of motivational forces which may operate concordantly or conflictually. Each believes in a concept of the unconscious...endorsing the idea that many or most of the motives that move us function outside of our normal awareness. Each believes that the most effective way of studying man is through the kind of intense, collaborative inquiry that defines the psychoanalytic situation. (p. 382)

Despite the above commonalities, the drive and relational models incorporate essentially different assumptions about the development of the self and the source of pathology. The associated techniques, deriving as they do out of the given set of assumptions, differ accordingly.

Within the drive/structure model, development is conceptualised in terms of the interaction between the drives and the ego. Ideally, this interaction is such that the energy of the drives is channelled into the gratification of socially acceptable needs. However, pathogenic conflict arises when the drives are not harnessed adequately by the ego. The goal of analysis is thus to fortify the ego by making the unconscious conscious. That is, if the infantile conflicts are made conscious, they are more accessible to the workings of the ego. The analyst thus works at imparting knowledge to the patient so that "conscious choice (can) replace unconscious defense" (Greenberg & Mitchell, 1983, p. 390).

The patient's capacity to relate to the therapist is understood in terms of transference. That is, the analyst assumes a succession of roles derived out of the patient's past relationships. Transference is "predetermined solely by the patient's developmental history: its content is a function of demands made upon early objects and defenses against those demands" (Greenberg & Mitchell, 1983, p. 388). Transference thus allows for the recreation of old conflicts which can then be interpreted to the patient and made available for change. It is knowledge, or insight, which is the ingredient of change. "True analytic change comes only from knowledge, because only knowledge can reinstate the developmental process which was interrupted by pathogenic defenses." (Greenberg & Mitchell, 1983, p. 390).

Given the assumption of conflicts deriving separately from external influence, the analyst is required to remain external and neutral in order for the transference to unfold intact. As the object is external to the energy of the drives, so the analyst is external to this neurotic process. The model thus "emphasizes the analyst's creation of an atmosphere of noninterference and respect for the patient's autonomy ... it encourages silence, careful listening, and a disinclination to interrupt the patient's productions with any quick response" (Greenberg & Mitchell, 1983, p. 398). Given this dynamic, the transference will unfold eventually developing into the transference neurosis which can then be offered back to the patient as an interpretation. Resistance is conceptualised as deriving out of the anxiety evoked by the emerging conflict.

Countertransference, the intense feelings towards the patient experienced by the analyst, is the consequence of unresolved conflicts within the analyst, and does not derive out of or inform the therapeutic relationship. It is the responsibility of the analyst to work through her own unresolved conflicts, evident in the countertransference, in order to avert a disruption of the analytic process.

Not unlike the drive analysts, the relational model analysts are concerned with healing obstructed development. However, unlike the drive model, with its focus on the disruption of drive related conflicts, the relational model is concerned with the earlier obstruction of the emerging structure of the self, resulting in far more serious pathologies. In that it is the quality of the very earliest relationships that are hypothesised to be most crucial in the development of the self, it is the quality of the analytic relationship that is the primary therapeutic ingredient. While knowledge, or insight, remains important, it is the relationship in which this information is offered that is integral to cure. Therapeutic efficacy lies in the quality of the interpersonal experience, not in the precision of the therapeutic insight. It is in the experiencing of a consistent, whole object that meets unmet developmental needs and repeatedly survives the analysand's infantile rage, that healing can occur.

Within the relational model, it is not the dynamic structures of the patient's neurosis that constitute the analytic content, but the interaction between analyst and patient. Like the drive model, the analyst is cast into the significant roles of objects in the patient's past and significant, interpretable relational patterns are elicited in the transference. However, in that objects are assumed to be instrumental in the process of the evolving self, the transference is not conceptualised as occurring with the therapist as neutral - the therapist participates in the evolution of the transference, as does the patient in the evolution of the countertransference. The countertransference thus becomes diagnostic, not of the therapist's unresolved infantile drive-related conflicts, but of the relational patterns that the patient repeatedly invokes. Analysts operating under the premises of this model can develop a greater freedom to:

use the entire range of their feelings and experiences to promote the patient's growth. If the drive model stresses respect for autonomy, the relational model stresses respect for the intricacy of human relationships and for the impact which everything the analyst does (or does not do) inevitably has on his patient. (Greenberg & Mitchell, 1983, p. 398)

Another point of focus in the relational model is the value of feelings within the therapeutic experience, the healing power of catharsis. The False, or developmentally impaired Self, is a self that has been severed from access to the dominion of authentic feeling, the domain of the True Self. The therapeutic relationship must encourage an atmosphere of tolerance which promotes the expression of the entire ambit of emotional experience - joy and rage, compliance and defiance, love and hate. This cathartic expression facilitates access back to the captive True Self which can then begin its regeneration.

Believing with absolute conviction all that is written above, I was determined to do my clinical masters in the clinical psychology department of the University of the Witwatersrand. The department did not share my vision. I was twice rejected by their master's selection committee, and smarting with the pain of this double rejection, arrived at The University of South Africa's (Unisa's) selections, now determined to be made into a therapist irrespective of the route. Having been chosen and feeling a little redeemed, I arrived to begin my Masters still firmly wedded to Winnicott and all that he espoused. I had no notion of the upheaval that lay ahead...

CHAPTER 3

FIRST YEAR MASTERS: DISCOVERY OF OZ, THE TERRIBLE"

[The Wizard explained to Dorothy that he was not a Wizard at all. He had in fact been trained as a ventriloquist, but tired of that, and became a balloonist. The wizard explained...]

"One day I went up in a balloon and the ropes got twisted, so that I couldn't come down again...For a day and a night I travelled through the air, and on the morning of the second day I awoke and found the balloon floating over a strange and beautiful country...I found myself in the midst of a strange people, who, seeing me come from the clouds, thought I was a great Wizard. Of course I let them think so, because they were afraid of me, and promised to do anything I wished them to.

"Just to amuse myself, and keep the good people busy, I ordered them to build this City, and my Palace; and they did it all willingly and well. Then I thought, as the country was so green and beautiful, I would call it the Emerald City, and to make the name fit better I put green spectacles on all the people, so that everything they saw was green."

"But isn't everything here green?" asked Dorothy.

"No more than in any other city," replied Oz; "but when you wear green spectacles, why of course everything you see looks green to you."

- Frank Baum, *The Wonderful Wizard of Oz*

Introduction

I still recall, during one of the first of many training sessions, one of our course trainers alerting us to the likelihood that participating in this training would mean an associated upheaval in all of the ways that we thought about everything that we thought about. I recall how unwisely

I took her wise words with a pinch of salt. Indeed, I now understand how appropriate her cautioning was.

I will begin this chapter with a brief description of the context in which my introduction to the field of family therapy transpired. (When I use the term 'family therapy', I am referring to a broad body of work which began with a shift away from a focus on the individual into a focus on the family to which the individual belongs. In using this term, however, I do not intend to imply that this first shift exemplifies the field, it was only the point of beginning for a field that has become characterised by a willingness to refocus its gaze in an unfolding, constantly coming-into-being epistemology). As mentioned above, I walked into the Unisa training programme believing that this was a compromise I had been forced to make given my rejection by the Wits selection committee, en route to becoming a clinical psychologist. The plan was to patiently listen to what was taught, to glean what might be useful, and to allow what did not fit into my description of "Psychotherapeutic Truthdom" to wash over me. This then was the level of intrapersonal context.

This impetuous mindset was coupled with a large, and complex group of trainees. The group began quietly enough, as most groups will, but only a week into the programme the first traces of conflict and discomfort emerged. This conflict would escalate and subside over the year to follow, but its presence was always felt. The common experience of conflict, and this was an experience that clearly was shared (an intersubjective phenomenon) impinged on my experience of the new world of learning which I had entered. The discomfort in the group fed into my distrust of the new material that we were learning. I felt alienated not only with regard to an entirely new way of thinking about the doings of therapy, but in the context of the learning itself. I felt disempowered both in the realm of theory and in the realm of social interacting.

The training was multi-dimensional. We were exposed to seminal works in two different learning frames, the history of the family therapy field, and a course of directive therapy. The practical doing of therapy happened outside of the university for me, at a place called Wits Mental Health. Supervision of the work happened in groups once a week with a set supervisor. My experience in all three contexts rendered me increasingly voiceless as the year continued. I stopped trusting not only my voice but my intellect, my ability to make sense out of the literature I was now reading, and the ways in which I could put theory into practise. This epistemological laryngitis would stick for most of the year, except in one isolated context, in a therapy with a

child who, upon entering the therapy, had a voice which was as unarticulated as mine. This voicelessness would leave me only the year that I returned to the department, after having given birth to and mothered a set of twins.

The training programme closely mirrored the development of the theoretical thinking in the field. I clearly had no knowledge of this at the outset and believed that the works that we were learning about constituted the entirety of the field. This misunderstanding was a source of a great deal of epistemological confusion to me. My own evolution was thus influenced by this order of introduction. As such, I shall outline the development of the field, and its main authors, tracking as I do this, my own responses to this new set of ideas.

For the sake of clarity, I will preface this segment of my story with an outline of the ways in which the field has evolved thus far. The primary metaphor of the field up until the late 1980's was the metaphor of cybernetics. This metaphor, derived from the engineering based, feedback control theory, is concerned with the ways in which systems (made up of interacting elements) function. In terms of this model, the elements of any system are recursively organised. That is, they interact with one another in a mutually-causal way, where the behaviour of any one element, will effect the pattern of interaction amongst all of the members. Further, the pattern of interaction between the elements serves to maintain a certain equilibrium at which the system is most comfortable to function. This equilibrium is maintained through what is called a negative feedback process wherein the behavioural outputs (what is actually happening in the system) are 'compared' with the setting or equilibrium of the system, and any deviation from the setting is corrected by the elements reorganising their patterns of interaction so as to re-establish equilibrium. As such, in terms of the concept of negative feedback, the system is thus able to correct itself, that is, to reorganise itself so as to achieve equilibrium. According to Keeney (1983):

There are two basic rules for discerning a cybernetic system. First, recursive organization must be perceived. Thus, bits of symptomatic behaviour are seen as embedded in a recursive sequence of behaviour. A therapist may discover, for example, that a husband's anxiety episode is preceded by his wife's failure to prepare dinner and is followed by their son getting into trouble at school. Such a sequence, involving three people, may point to a recursive pattern that organizes the husband's anxiety. The second and more important criterion of a cybernetic

is that it must have feedback structure, that is, the recursive process involve self-correction. A serial listing of events that occur before and after a symptomatic occurrence may not identify a cybernetic system. If these events are recursively structured in feedback fashion, however, a cybernetic system has been detected. (pp. 118-119)

Figure 3.1 constitutes a visual representation of a cybernetic system wherein the interactional patterns between the elements are recursively structured in feedback fashion in achieving a fit with the systemic setting or input.

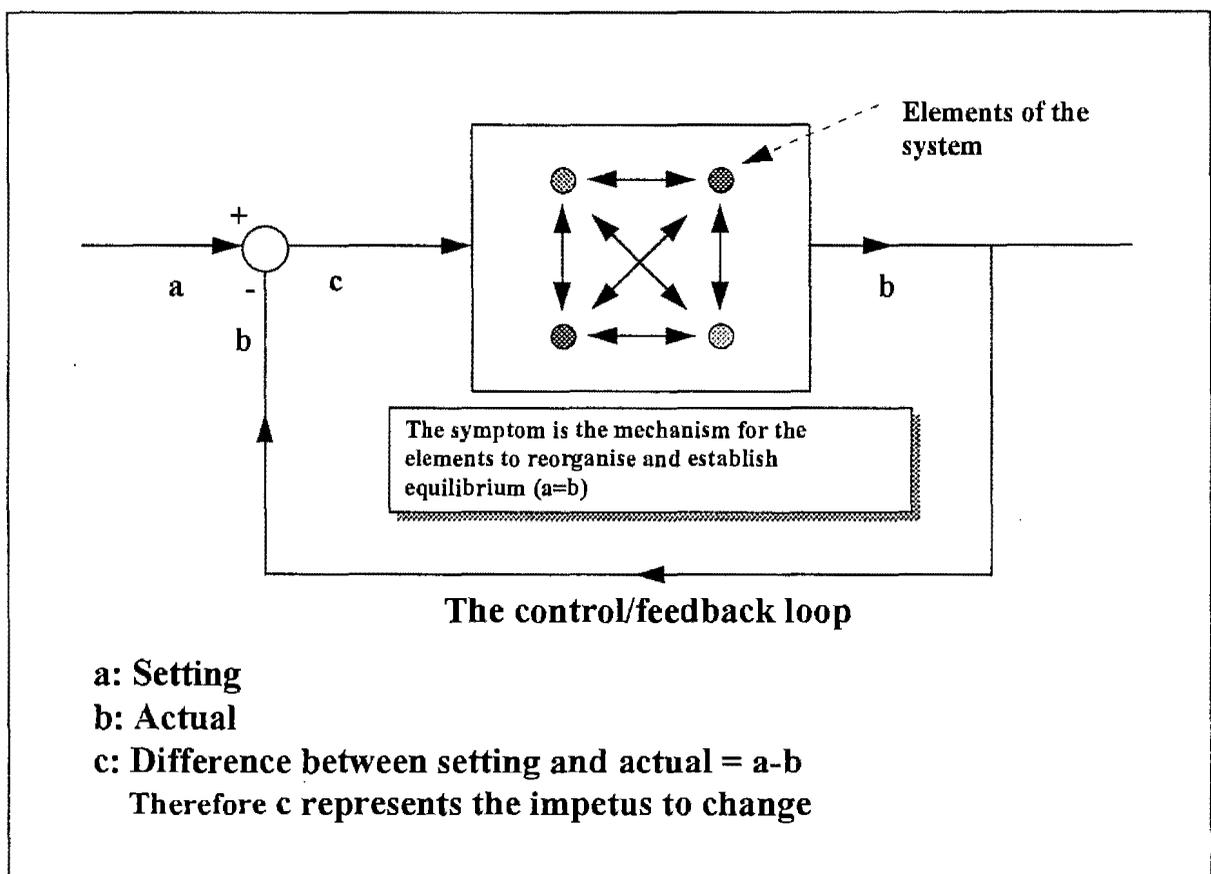


Figure 3.1 Cybernetic system

The field can be broadly divided into two camps; first-order cybernetics, and second-order cybernetics. The first-order cybernetic theorists made use of the cybernetic metaphor in their move away from a focus on the individual into a focus on the patterns in families that recursively interact with the symptomatology of the identified patient. This body of work was thus principally concerned with the ways in which the identified patient served to maintain the

family homeostasis or equilibrium. The role of the therapist in terms of this model was to disrupt the behavioural patterns of the family members in such a way as to afford the family alternative patterns of interacting wherein symptomatic behaviour was no longer necessary in order for the family unit to endure. First-order cybernetics can be further divided into two movements. ; The first movement was concerned with the deviation counteracting processes that inhere in systems, while the second movement focused on the deviation amplifying processes that inhere in systems.

What distinguishes the first- from the second-order theorists, is a recognition of the mutuality which exists between the client and therapist domains. In terms of second-order cybernetics, the therapist, cannot be construed as an objective, separate observer of the client system. The therapist cannot be described as intervening in the observed system in a predictable way without being affected by the system being observed. Rather, the therapist becomes a part of the system being worked with and the therapist-client system is described as an observing system. The second-order field can further be divided into three movements. The first movement of the field was concerned with the stance of the participant therapist; the second movement called for minimal intervention in respecting the family's coherence, and capacity for self healing; and the third movement, while defined as falling under the umbrella of second-order cybernetics, represents a move away from the cybernetic metaphor into the domain of language, discourse and narrative.

First-order Cybernetics

Dell (1982) wrote that the beginning of an awareness in the field of psychotherapy of the interpersonal context of symptoms arose with Fromm-Reichmann's paper on the schizophrenogenic mother. However, the family therapy field as such has no founding father (or mother) to return to at moments of epistemological need and confusion. (Perhaps it is this lack of a central point of reference that has been the source of the rich diversity of ideas in the field, that has freed the field to develop in as many diverse ways as it consequently has.) As such, the field seemed to simply evolve into what it is with many differing constituent elements.

The late 1940's, early 1950's marked the beginning of the family movement in various parts of the United States (Guerin, 1976). Guerin and Haley (1971) considered the contextual determinants that fostered the development of the field. According to Guerin (1976) psychiatry

was a popular speciality at this time, with psychoanalysis emerging as the dominant ideology in the field. Guerin contended that the family perspective arose largely out of the frustration of clinicians with conventional psychoanalytic work with two populations of clients, delinquent children and schizophrenics. It was this constant experience of therapeutic deficiency that provoked a new way of thinking. Haley (1971) who also tackled this 'question of origins' assumed a more wide angled approach. According to him, during the years succeeding World War 1, a fundamental shift in the conceptualising of the social sciences occurred: "the social sciences became more social" (Haley, 1971, p.1). That is, the *context* of the events under scrutiny emerged as a notion with theoretical weight. A by-product of this shift was that "research investigators and people-changers took the unprecedented step of bringing whole families under direct observation" (Haley, 1971, p.1).

At this point I was not disturbed by any of this thinking. In fact, I thought it quite interesting and potentially useful. Even while Haley (1971) explicitly outlined the differences between the family model and the psychoanalytic model such that 'never the twain shall meet', I was determined that the differences could be resolved and the two sets of theory could be married and live with me 'happily ever after'. Clearly, I did not yet understand the notion of epistemology and underlying assumptions. Furthermore, I had not yet been introduced to the Bateson and Haley project on communication and the theory of levels of logical type, or to the notion of homeostasis and feedback. On encountering this work, I was thrown from reading accessible English into the foreign world of General Systems and communication theory. I was sure that this work was better suited to the structure of my husband's neural pathways, as well as his training in engineering, than to my proclivity for the arts.

Returning then to the discussion at hand, while I would tend to agree with Haley's (1971) sense of a broad, cross-discipline epistemological shift that subsumed the world of psychotherapy and was the harbinger of change within the field, Guerin's (1976) emphasis on work with schizophrenic patients as the field's point of beginning is accurate. Indeed, according to Dell (1982), "The field of family therapy gained its initial impetus from the study of the interpersonal context of schizophrenia..." (p. 22). Perhaps the most important of these projects was the one led by Bateson in the 1950's. In attempting to make sense of schizophrenic behaviour, it was Bateson, Jackson, Haley and Weakland (1956) who began to apply the new changes in conceptualising in the social sciences to the field of psychotherapy via the Palo Alto

project on schizophrenia. Bateson (in Bateson et al., 1956) applied Whitehead and Russell's Theory of Logical Types to communications theory. In terms of this theory:

there is a discontinuity between a class and its members. The class cannot be a member of itself nor can one of the members be the class, since the term used for the class is of a different level of abstraction - a different Logical Type - from terms used for members. Although in formal logic there is an attempt to maintain this discontinuity between a class and its members, we argue that in the psychology of real communications this discontinuity is continually and inevitably breached (2), and that a priori we must expect a pathology to occur in the human organism when certain formal patterns of the breaching occur in the communication between mother and child. We shall argue that this pathology at its extreme will have symptoms whose formal characteristics would lead the pathology to be classified as a schizophrenia." (Bateson et al., 1956, p.251)

Based on clinical evidence, the authors then described the sequence of events which occur repeatedly in certain families and which continually breach this discontinuity between logical types. This sequence of events, termed a double bind situation involves the mother imposing two orders of messages upon the child where: the child must respond to the conflicting requests, cannot comment on the contradictions, and cannot leave the field. The only way the child could escape from the situation would be to comment on the contradictory position his mother has put him in. However, in accordance with the mother's needs, she prevents him from talking about the situation, thereby forbidding him to use the metacommunicative level - the level we use to correct our perception of communicative behaviour. To accurately discriminate what people are really expressing, we must be able to comment directly or indirectly on that expression. The schizophrenic, consistently deprived of any opportunity to employ the metacommunicative level, becomes deficient in this facility and so develops schizophrenic symptomatology. In other words, based on the Theory of Logical Types, and on observation of schizophrenic patients and their families, the Palo Alto group proposed that if an individual is consistently exposed to a learning context which confronts him with conflicting levels of messages, he will acquire the mental habits which characterise schizophrenic communication, namely, inner conflicts of logical typing - the consistent mislabelling of one's own and others' communication.

The pivotal concept arising out of this research was that of the double bind. Jackson and Weakland (1961) defined the double bind as referring to a pattern of pairs or sets of messages, at different levels, which are closely related but sharply incongruent, occurring together with other messages which by concealment, denial, or other means seriously hinder the recipient from clearly noticing the incongruence and handling it effectively, as by commenting on it. In other words, within the context of the schizophrenic family, as described above, the child is punished for discriminating the mother's messages accurately, as well as for discriminating inaccurately. That is, the child is placed firmly within a double bind of no healthy alternatives. Consider, for example, the scene where a mother embraces her child. At one level of communication, that of the verbal expression, the mother says to her child "I love you very much." However, at a metacommunicative level, using her body as the vehicle of expression, the mother tenses her body, arching away from the child, pushing the child out of her arms. She is thus stating at a metacommunicative level "Your presence invades the space I need for my body. I don't love you at all. You are not welcome in my arms." Clearly the two levels of message conflict. If the child discriminates the metamessage accurately and says something like: "Mommy, you seem cross with me", the mother will spank the child telling him not to forever and always misinterpret her. If the child fails to discriminate the metamessage accurately, and holds on to the mother anticipating a long, nurturing embrace, the mother will respond by overtly pushing the child away instructing the child to "Stop being such a leech". With either response, the child faces rebuke.

It was the Palo Alto researchers, whose gaze had now firmly adjusted itself to observing the interactional sequences of the whole family (as described above), who noticed that if the patient improved, another member of the family began to show symptomatic behaviour. Further, the group was surprised by the manner in which the family seemed to encourage the patient to behave symptomatically (Hoffman, 1981). Jackson (1957) coined the term "family homeostasis" to describe this evident resistance to change shown by the family. Jackson chose the term "family homeostasis" from the cybernetic concepts of Bernard and Cannon (in Jackson, 1957) because "it implies the relative constancy of the internal environment, a constancy, however which is maintained by a continuous interplay of dynamic forces" (pp. 1-2). Jackson also applied the notion of homeostasis to information processing theory "depicting family interaction as a closed information system in which variations in output or behaviour are fed back in order to correct the system's response" (p.2). ✂

The first generation of research, what one could usefully call the first movement of first-order cybernetics, with these two articles by Bateson et. al. (1956) and Jackson (1957) providing source concepts, focused largely on those processes in the context of the identified patient (most usually the family context) that obstruct change in therapy, and offered various solutions to this dilemma. In other words, there was a focus on those deviation-counteracting processes which serve to maintain the family homeostasis.

As mentioned above, in terms of this conceptualisation, symptoms serve as regulators of homeostasis. In other words, the function of the identified patient is to maintain the internal stability of the family. This is achieved through a series of negative feedback loops in the service of sameness within certain boundaries. That is, an aspect of any variation of output by any member of the system, is fed back into the system enabling the system to reorganise in a corrective way. Thus, a system which is described as homeostatic has the characteristic of always returning to a fixed end state, no matter what the disturbances are - there is a constant tendency towards a fixed end characterised by stability.

In describing the processes that maintain sameness, these theorists invoked the communication metaphor which derived out of the work around logical types done in Palo Alto. The focus was thus on those messages which invite interactional double binds, in the maintenance of a defined equilibrium. In other words, the Palo Alto group coupled the cybernetic metaphor with the communicational model at this stage of the field's development. They storied the cybernetic metaphor in a particular way, in accordance with the themes implicit in the Palo Alto communicational model. As such, understanding the family in terms of its functioning as a homeostatic mechanism which circled around specific communicational themes invited the application of the double bind concept to the therapeutic context. That is, the therapeutic process was informed by the manner of appraising the family interactions.

Jackson and Weakland (1961) described the application of the above theoretical developments to the therapeutic process. A number of techniques, characteristic of what could be called the strategic school of family therapy, emerged out of this work. According to Jackson and Weakland, any attempt at describing family behaviour in order to lend insight is rendered ineffective by the 'powerful homeostatic mechanism' which maintains the pathology. As such, the group focused on active interventions aimed at altering destructive patterns of interaction rather than formulating dynamic interpretations and packaging these with the intention of

facilitating insight. I would argue, that this conclusion regarding the 'power' of the 'homeostatic mechanism' (and the consequent injunction to invoke a powerful, concealed, behaviour focused therapeutic stance), had more to do with the communicational than cybernetic mindset. Furthermore, this argument lent theoretical weight to the family movement's shift out of the psychoanalytic arena of meanings and insight, into the arena of behaviour and interactional patterns. Given their historical entry into the field, the Palo Alto group was thus, in a sense, invested in 'empowering' the 'homeostatic mechanism'.

To elaborate: in coupling the cybernetic metaphor with the communications model, the families dealt with in therapy were described as employing constant multiple and conflicting communications which served to maintain the identified patient in his position of symptomatic confusion and to disqualify the attempts of the therapist at change. In terms of this, the multiple communications were seen to be in the service of the family homeostasis. As such, the Palo Alto group decided that the most effective way of changing this damaging network of interaction would be to enter the field playing the same manipulative game. That is, they entered the field brandishing the double bind with its multiplicity of communicative levels, but with a different purpose - change, not homeostatic sameness. That is, "the therapist must himself employ dual or multiple messages involving such incongruences as will serve to come to grips with the whole complexity of the messages of the family members he must deal with" (Jackson & Weakland, 1961, p.30). This technique of using multiple, and often incongruent messages therapeutically, was aptly called the "therapeutic double bind". From a stance of benevolence, and within a cleverly constructed frame, whatever the patient does will be "therapeutic" - once again the patient is faced with a constriction of alternatives, but this time, whatever he chooses will already have been defined in this context as a healthy alternative. It is thus apparent that the therapeutic stance encouraged by these theorists, that is, the stance of encouraging indirect methods of facilitating change, and of advancing therapeutic manipulation of the context in the service of change, was principally informed by the communicational model, not the cybernetic model. This stance characterised the strategic school of therapy, a school that was exemplified by the work of Watzlawick, Weakland and Fisch (1974).

The specific techniques that derived out of these umbrella concepts were: the use of implication; rendering implicit communications explicit; reframing, specifically positively connoting the content brought to the therapist; and presenting dualistic positive-and-negative messages, that is, utilising the therapeutic double bind. This school of family therapy thus

emphasised: "activity of the therapist rather than passive listening, more concern for the alteration of behaviour than for 'insight', more intense focus on the present than on the past, and more attention to interaction than to intrapersonal experience" (Jackson & Weakland, 1961, p. 31) In other words, this group attested to be interested only in the patterns of behavioural interaction that maintained the family equilibrium. They did not directly address the homeostatic setting of the system, the defined zone of comfort for the family, arguing that this manner of intervention would invite 'resistance'. That is, they did not describe their work as inviting a recalibration of the setting of the system, which I would argue inheres in the domain of ideas, meanings, myths and culture. In terms of their historical entry into the field, this was the domain of the psychoanalysts concerned as they were with offering healing insights. Certainly, through disrupting the patterns of behaviours, these therapists dabbled in the domain of the setting itself. That is, in disrupting behaviours, meanings change. However, the domain of behaviours was the domain of entry into the system. Figure 3.2 constitutes a visual representation of the domains of meaning and behaviour that inhere in a cybernetic system.

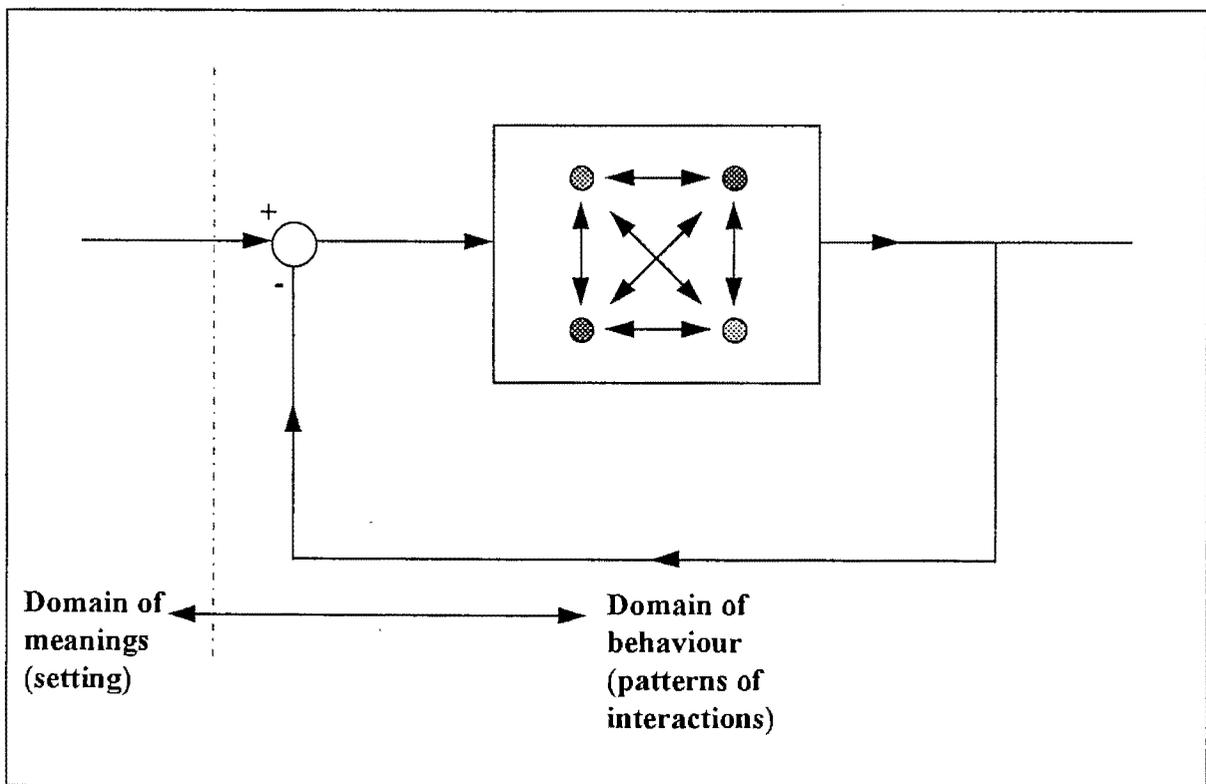


Figure 3.2 Domains of meaning and behaviour in a cybernetic system

At this point in my training, I was entirely confused. I had travelled the path of therapy using words such as 'pain', 'insight', 'self growth', 'getting in touch with the child in you',

'exploring feelings', and 'the past'. There was none of this to be found in the descriptions of the family therapy field offered in the training course thus far. 'Insight' had become a dirty word - an unfortunate misnomer. I was a foreigner in a land with a different language - a language of machines and games. I struggled to learn this new tongue - it wobbled uncomfortably in my mouth and mind. I was far from ready to engage genuinely with this new way of thinking and chose to remain in the safe position of passive rejection. My confusion at this stage was due in part to a misconception I had with regard to the two primary metaphors in the field thus far, namely cybernetics and communication theory. I assumed that the two metaphors were equivalent. Further, I assumed equivalence in terms of the clinical methods which derive out of the underlying assumptions of the two metaphors. This is not so. Indeed, the cybernetic metaphor, when applied to living systems, strictly invites a second-order therapeutic stance, while the communications metaphor invites a first-order, strategic stance. However, at this stage, I equated cybernetic thinking with strategic, paradoxical type therapy and responded to both metaphors with the same mix of reservation and discomfort. I would argue that a number of theorists in the field have arrived at the same conclusion. This unfortunately has led to what I have come to consider to be a limited, first-order conceptualisation of the cybernetic metaphor. I will deal with this theme in more depth at a later point. However, it is important to note here, that Jackson's (1957) and Jackson and Weakland's (1961) application of cybernetic theory to the Palo Alto model of communication, was an interesting, but not necessary extension of both sets of metaphors. The fact that the strategic school of therapy under the leadership of figures such as Watzlawick, Weakland, Fisch, and Haley, chose to punctuate the manner of intervening in the patterns of systemic interaction in an instrumental, strategic way had to do with the communications tinting on their conceptual glasses. This had a great deal to do with the schizophrenic client population with which they were working. However, to conclude that the only way the interactional equilibrium of a system might be disrupted is through strategies deriving out of the communicational model, would be a misreading of the cybernetic metaphor - a misreading that I would argue certainly occurred in the field, with varying consequences.

I will now focus more explicitly on the different approaches to psychotherapy which evolved within the first-order family field and explore the work of Haley; Watzlawick, Weakland and Fisch; and Minuchin.

Haley

In 1959, Haley, in an article entitled "The family of the schizophrenic: a model system", re-emphasised and refined what the Palo Alto research had generated and summarised in the 1956 article on Logical Types. In this article, in accordance with the model of family homeostasis, Haley set out to demonstrate that "schizophrenic behaviour serves a function within a particular kind of family organization" (Haley, 1959, p. 171). In formulating this model, Haley drew on the two fundamental conceptual frameworks described above, namely: (1) the cybernetic idea of the self corrective, governed system, and (2) the classification of human communication into levels of message (the communicational model) (Haley, 1959).

Haley described the transition in conceptualisation from the initial work on communication in 1956 where the focus in terms of pathogenic communication was on the mother, to a recognition that the "total family unit is pathogenic" (Haley, 1959, p.172). That is, the schizophrenic member, the mother, and the father were seen to be involved in a pathological system of interaction. This move from a dyadic to a triadic focus necessitated the establishment of a language which could adequately describe the complex interaction of three or more people and allow for the notion of the adaptive function of schizophrenic behaviour. (Haley, 1959). Haley developed a six-point model of the communication characteristics of systems to this end. In terms of this model:

1. Family members cannot not communicate.
- 2.1 Each member must communicate on at least two levels, (messages and mode identifying messages, or qualifiers of messages)
- 2.2 Messages and their qualifiers can be incongruent resulting in disqualification
3. Members can qualify (affirm) or disqualify the other's statements.
4. When three people are in a room, some sort of leadership takes form according to a set of rules.
5. The three people may also form any or all of various possible alliances.
6. When something goes wrong, there are a variety of possible arrangements available to the three people in order to handle blame.

Haley (1959) then applied this general model to families with a schizophrenic member. In such a family:

1. There exists the pervasive disqualification of communication both in terms of the ways of qualifying one's own statements (there occurs an incongruence between what one says and how one qualifies what is said) and in terms of the manner of qualifying the other's statements (the members consistently disqualify what each other say).
2. Since family members tend to negate their own and each other's communication, any clear leadership is impossible.
3. No explicit alliances are permitted.

In attempting to make sense of the utility of the schizophrenic behaviour in the family, Haley (1959) then described the behaviour, as well as the conditions under which such behaviour might occur. According to Haley, what exemplifies schizophrenic behaviour is the incongruence of all levels of communication. Haley asserted that any statement can be broken into the following four constituents: I (*source*) am communicating (*message*) to you (*receiver*) in this *context*. Accordingly, in the process of communicating, any one of the constituents of the intended communication can be disqualified either by body language, vocal inflections, or verbal statements. The schizophrenic person presents with multiple incongruent qualification of all of his levels of message. He thereby disqualifies the interaction with the receiver indicating to him (the receiver) that he is not in relationship with him.

This constant disqualification emerges when the schizophrenic member is faced with conflicting prohibitions (for example: two conflicting family prohibitions, as in "Don't be a dependant child now that you are old enough to be an adult" conflicting with the simultaneous prohibition of "Don't ever desert me by not needing me any more"; maturational forces within himself which conflict with family prohibitions; or, as a response to the injunction of the therapist for difference which once again conflicts with familial prohibitions). The only way he can satisfy both calls of conflicting demand is through psychotic behaviour, that is, by qualifying incongruently all levels of his communication, thereby infringing a set of prohibitions which are simultaneously qualified as not being infringed. "If one is required to behave in a certain way and simultaneously required not to, he can only solve the problem by indicating that *he* is not behaving at all, or not with this particular person in this situation" (Haley, 1959, p. 192). It is important to note, that even while he struggles to breach the set rules, this 'solution' serves to conserve his position of neutral impotence and thus the family homeostasis is maintained.

Haley (1959) then attempted to describe the function of this type of behaviour within a family (that is, in line with the preceding work in the field thus far, he coupled the communicational model with the cybernetic metaphor). According to him, the central theme in this kind of family revolves around the control of the definition of relationships. In a normal relationship, the rules which govern the mode of relating are in constant flux, that is, the rules for relationship are modified as the two parties interact and govern (through calculated, metacommunicative responses) each other's behaviour. A person must be able to govern (manipulate) the responses of others in order to derive personal benefit in relationships. He must, however, also be able to permit others to collaborate in setting the rules and thereby govern him. Now, if a person has been consistently hurt in relationship to others, he will attempt to prevent their ever gaining control over the definition of the relationship. This can be achieved simply through avoiding others, or through indicating in psychotic fashion, that what is communicated is not done so in relation to any other. "In this fashion, he is not governing anyone and no one is governing him" (Haley, 1959, p.195). According to Haley, the members of a schizophrenic family, specifically the parents, interact in terms of this position. The schizophrenic family thus, in addition to defining rules of conduct, follows a prohibition on any acknowledgement that any family member is setting rules. In order to achieve this denial of the interpersonal circumscription of behaviour, all communications must be consistently disqualified:

Should one affirm what he does or what another does, he risks conceding that he is governed by the other with all the consequences that follow being disappointed again by an untrustworthy person. Schizophrenic behaviour can be seen as both a product and a parody of this kind of family system. (Haley, 1959, p.195)

Ironically, the more ardently the schizophrenic member denies being in need of relationships by denying being in relationship, the more dysfunctional and dependent on others he becomes.

The article above described in detail the context out of which Haley's strategic manner of working derived. For Haley (1959), this was a context wherein people refuse to accept any proposal from any other as to how the relationship should be defined. This position is achieved through constantly disqualifying the communication of the other, as well as, for the schizophrenic member, disqualifying the levels of his own messages. In such a context, a therapist who works congruently, either offering interpretations for insight, or attempting to

introduce new rules, will be immediately disqualified by the family and rendered impotent to effect change. That is, when the therapist intervenes in a disqualifying way, by prescribing change, the family, feeling threatened, respond with disqualifying behaviour and a symmetrical, repetitive escalation ensues. For Haley, the only available alternative in such a context, was to employ paradoxical techniques such as sanctioning the family style of madness (prescribing the symptom). These techniques were designed to surprise the family, disrupt the cycle of disqualification, and offer the therapist some sort of leverage in a disconfirming context. This focus on disqualification and the use of paradox was the theoretical point of departure for the work led by Palazzoli in Milan. It also laid the groundwork for the approach Haley (1963) outlined in his book "Strategies of Psychotherapy". In this work, Haley applied the work he had done with Bateson Jackson and Weakland (1956) on Logical Types and family homeostasis, as well as the communication theory outlined above, to arrive at a very distinctive model of working.

The focus of this work was on the tactics used by therapist and patient as they attempt to gain control of the definition of the relationship, that is, as they attempt to outmanoeuvre one another at the interpersonal level of communicative behaviour. In terms of this, the principle therapeutic technique proposed in this book was the use of therapeutic paradox in the resolution of symptomatic behaviour. To recap, from the communication perspective, relationships are constantly defined by the parties involved through the different levels of message employed. As such, any communication or message represents an attempt to define, or manoeuvre control of the definition of the relationship. (Haley termed messages that place the definition of a relationship in question 'manoeuvres'.) The negotiating of a relationship, which is an ongoing process, is thus a twofold procedure - deciding what type of messages will occur, and deciding who will lead in this process of definition, that is, who will control the definition of the relationship (Haley, 1963, p.9).

In terms of this thinking, Haley (1963) conceptualised psychopathology as a particular species of methods of gaining control of a relationship. That is, Haley viewed symptoms as tactics in human relationships which offer the patient more predictability, through control, in his social world. Specifically, symptoms represent an attempt to gain control over the definition of the relationship which is denied at another level of message. According to Haley, "A relationship becomes psychopathological when one of the two people will manoeuvre the other's behaviour while indicating he is not" (p. 17), that is, he incongruently qualifies two levels of message. This communication sequence is formally termed a paradox. The receiver of the

paradox can respond in various ways: He can terminate the relationship, comment on the perplexing interaction, or respond while indicating that he is not responding to the other person, that is, he responds with a communication which also mismatches levels of message. For example, "The patient does something extreme, or avoids doing something, and indicates that *he* is not doing it because he cannot help himself" (Haley, 1963, p.5) A paradoxical relationship is established, which if endures becomes pathogenic.

In terms of this model, the aim of therapy was to encourage the patient to develop ways of managing relationships without having to resort to symptomatic tactics. According to Haley (1963), the therapy process begins with an inevitable struggle for control over who will define which behaviours will take place in this new relationship.

No form of therapy can avoid this problem, it is central, and in its resolution is the source of therapeutic change. If the patient gains control in psychotherapy, he will perpetuate his difficulties since he will continue to govern by symptomatic methods. *If one describes successful therapy as a process whereby a therapist maintains control of what kind of relationship he will have with a patient* [italics added], then it becomes necessary to consider the tactics which a person can use to gain control of the relationship with another person and therefore influence his emotions and somatic sensation. Those tactics which have developed in various methods of psychotherapy are the subject of this book...A purpose of this work is to suggest that therapeutic change results from the set of therapeutic paradoxes which these various methods of psychotherapy have in common. (p.19)

The above quote clearly demonstrates Haley's first-order, control based approach to therapy. For Haley (1963), the therapist *could* gain control of the therapy relationship (indeed had to, in order to be successful). I would again assert that this stance derived entirely out of Haley's communicational model, and is antithetical to a second-order cybernetic conceptualisation wherein no one element in an internally interactive systemic circuit can have unilateral control over another.

Returning to Haley's model, essentially, a therapeutic paradox involves the therapist defining the therapeutic relationship on a multiplicity of levels in such a way that whatever action

the patient chooses to take, will be called therapeutic. That is, the patient is inducted into a 'therapeutic catch 22' wherein if he does what the therapist commands him to do, it is therapeutic at one level of message, and if he disobeys the command, this too will have been defined as therapeutic at another level of message.

Haley (1963) applied this model to his conceptualising of the family of the schizophrenic patient reflecting most of the ideas put forward in his 1959 article. Haley commented on the self sacrificing, homeostatic function of the schizophrenic child in a context of constant disqualification. In such a context, the schizophrenic patient disqualifies everything said as a way of escaping the relational paradox he is trapped in. The task of the therapist is thus, through a therapeutic paradox, to force the patient to be in relationship with him. That is, by controlling the definition of the therapeutic relationship on multiple levels, the therapist creates a context in which the patient is forced to concede that he is responding to the rules of the relationship as defined by the therapist.

In this work, Haley (1963) had merged the two primary models in the field; cybernetics (concerned with homeostasis), and the communicational model (concerned with the levels that inhere in communicational messages), in such a way as to present them as equivalent concepts. In effect, in the type of families described by Haley, the setting around which the family 'cycled' concerned the rule avoiding control, and the consequent rule of communicational disqualification. This setting, however, is specific to this context. Other contexts afford very different organising principles. In other words, the negative feedback loop of cybernetic systems is not one necessarily concerned only with preserving an equilibrium of communicational disqualification. As such, the therapeutic stance cannot be singularly defined as one which must armour the therapist against a context of disqualification. It seems, however, that this distinction was overlooked, not only by Haley, but by the developing field at large whose members absorbed the paradoxical strategic stance associated with the communicational model of pervasive disqualification into the doing of *all* cybernetic therapies.

After the completion of this work, Haley worked extensively with Minuchin in Philadelphia, and the book that followed in 1977, "Problem Solving Therapy" reflects the enormous impact that this association with Minuchin had on Haley. This work reflects a move away from process to form, away from a singular focus on the specific details of communicating in relationships, to a consideration of the organisation of relationships. In accordance with the

work preceding it, Haley defined symptoms as communicative acts that are functional within an interpersonal network. He then took a closer look at the structure of this network and identified hierarchical patterning to be inevitable, maintained by all participants, and necessary. Within this description, symptoms indicate a confusion in the hierarchical arrangement of the organisation. 'When the hierarchy is disrupted, a power struggle ensues as an attempt to clarify the positions in the hierarchy of an organisation. Organisations invite pathology when coalitions cross generation lines of the hierarchy, particularly when these coalitions are secret, and occur repeatedly. That is, the repeated sequences occurring between members define the hierarchy of the organisation. If it is assumed that the family is a error-activated system, any deviance away from the repetitive sequences, that is, movements towards change, will activate the governing processes that function to keep the system stable. The goal of therapy was thus to change those repeating acts, or sequences, among people that were seem to define and disrupt the functional hierarchy, thereby maintaining the problem in an error activated way: "A therapeutic change can be defined as a change in the repeating acts of a self-regulating system - preferably a change into a system of greater diversity" (Haley, 1977, p. 105).

As with the preceding models, the therapists work was based on a definite plan - specific tactics were employed with the intention to force the family to engage in particular ways with the therapist which would consequently initiate more functional interactional sequences among family members. "When dealing with a governed, homeostatic system that is maintained by repeating sequences of behavior, the therapist changes those sequences by shifting the ways people respond to each other because of the ways they must respond to the therapist" (Haley, 1977, p.119). Once again, the techniques relied upon were largely paradoxical (prescribing symptomatic behaviour), presented within ingenious reframes. Once again, the first-order position presenting the therapist as external and powerful, capable of changing the system in a predictable way is evident.

It is interesting to note the way in which Haley (1977) had in a sense replaced the communications metaphor of 1963, with a structural metaphor which in turn is applied to the cybernetic notion of negative feedback. That is, in terms of this later work, Haley (1963) described the negative feedback of the system as being activated by structural necessities, that is, the setting or equilibrium of the system was seen to be organised around structural, rather than communicational constraints. One begins to recognise the multiple ways in which the metaphor of cybernetics can be told. I must, however, reiterate, that at this point in the training, I

had no sense of this distinction, and this certainly confused my understanding of cybernetic theory, and the ways in which it can be applied in the domain of therapy.

At this stage, I could no longer deny Haley's ingenuity - his description of symptomatology in terms of communication patterns intrigued me. I began using his model of communication to look at all manner of interactions, personal and therapeutic, and this new frame, once drawn, could not be undone. However, I still sat uncomfortably with the translation of this into therapeutic practice. Integrity in interacting had been a personal as well as therapeutic hallmark of mine. While I could accept that the outcome of paradoxical prescription might be positive, and internally argue with myself over means justifying ends (much like the Wizard of Oz), in the actual doing of therapy, the paradoxical prescription would get itself inexplicably stuck inside my throat, and I would amble on in my comfortably candid way. I had not yet made sense of the pivotal disagreement between Bateson and Haley over the use of power in therapy, or the associated distinction between a first- and second-order therapeutic stance. I thus had, as yet, no epistemological tools to help myself out of the ambivalence. This would come later.

Watzlawick, Weakland and Fisch: The work of the Mental Research Institute (MRI)

It was Haley who first made use of the term "strategic" to "describe any therapy in which the clinician actively designs interventions to fit the problem" (Hoffman, 1981, p.271). However, it was the work of Watzlawick et al. (1974) which exemplified this approach as represented in the book, "Change: The Principles of Problem Formation and Problem Resolution".

These therapists relinquished concern over the broad functioning of the family system. They focused instead only on the problem as it was presented to them and the manner(s) in which the family has attempted to address the crisis. That is, they presented a move away from the notion that to change the behaviour of an individual, one has to change the organization of the system, the family structure. For this group, the focus was on the system burgeoning around the symptom. This is not unlike Haley's (1977) consideration of the sequences that maintain pathology, however, Haley's description included family organisation, that is, how the sequences maintain dysfunctional hierarchies.

Drawing on the conceptual base of different levels and classes of events, and the cybernetic notion of feedback, Watzlawick et al. (1974) offered a distinction between what they termed 'first-' and 'second-order change' (this must not be confused with the terms first- and second-order cybernetics). According to Watzlawick et al., families that present for therapy have already made a number of attempts at solving the problem. These attempts, however, instead of resolving the problem, constitute a feedback loop which results in a spiral of 'more of the same' - the symptom is being maintained by those behaviours that arise in an effort to thwart it, that is, by the 'solution'. The system has reorganised itself along a new premise, the attempted solution. This pattern is called first-order change. First-order change offers what the team called an illusion of alternative choices where both alternatives (that is, the problem, and the attempts at solving it) are members of the same class resulting in a 'game with no end'. The task of the therapeutic team is to identify this cycle of responses and to apply second-order solutions to the first-order attempts - change of the present class of change. That is:

instead of continuing to choose one alternative (i.e., one member of the class of alternatives) as the lesser evil, ...(the client)...eventually questions and rejects the whole idea that he has to choose and thereby deals with the class (all alternatives) and not just one member. (Watzlawick et. al., 1974, p. 91)

Intervention is directed at the attempted solution thereby inviting the possibility of change.

According to Watzlawick et al., (1974) second-order change differs from first-order change in that while the latter "always appears to be based on common sense, second-order change usually appears weird, unexpected, and uncommonsensical; there is a puzzling paradoxical element in the process of change" (p. 83). They employed a number of paradoxical techniques to disrupt the self-perpetuating sequence that develops out of attempts at solving it. Included in this class was the use of the therapeutic paradox which was described as addressing the oppositional qualities of most families with psychiatric symptoms, "obliging them to change by resisting the injunction not to" (Hoffman, 1981, p. 278). Further, in that the target of change was the attempted solution, "these techniques deal(t) with effects and not with their presumed causes: the crucial question (was) what? and not why?" (Watzlawick et. al., 1974, p.83). The questions asked were thus: What is the problem?, What are the ways in which the family has attempted to address the problem?, and, What are the ways in which the therapist can disrupt patterns that have developed around the attempted solution? That is, there was no

concern over the history or the context of the presented problem. Once the presented problem subsided, the therapist's job was completed.

Watzlawick et. al. (1974) provide the following example in explicating the difference between first- and second-order change:

The ... example is that of a middle-aged, unmarried man leading a rather isolated life compounded by an agoraphobia; his anxiety-free territory was progressively diminishing. Eventually this not only prevented him from going to work, but threatened to cut him off even from visiting the neighbourhood stores upon which he depended for his purchases of food and other basic necessities. In his desperation he decided to commit suicide. He planned to get into his car and drive in the direction of a mountaintop about fifty miles from his home, convinced that after driving a few city blocks his anxiety or a heart attack would put him out of his misery. The reader can guess the rest of the story: he not only arrived safely at his destination, but for the first time in many years he found himself free from anxiety...[In this case]...it becomes particularly evident that his 'solution' is the problem. When, contrary to common sense, he stops trying to solve his problem by staying within his anxiety-free space, this termination of his problem solving solves his problem. (pp. 80-82)

In asserting the above, Watzlawick et al., (1974) challenged the scientific eminence attached to the 'myth' of the question 'why' with its assumption that to facilitate change one has to access the underlying historical determinants of any problem and offer this back to the client as insight. For these authors, and for the strategic school, evolution could be economically overlooked in favour of present and observable behaviours and functional pragmatics. This approach differed not only from psychoanalysis with its fundamental assumption regarding healing the past through insight, but also from the seminal work that preceded it in the family therapy field. The field's point of departure was the notion of family homeostasis and functional symptoms. For Bateson et al. (1956), the symptom (the presented problem) was a metaphor for patterns of relationships, the symptom was the "family messenger". As such, the focus of the therapy was on the family, the 'source' of the problem. For the strategic therapist, the family as a 'system' was no longer primary, the focus was strictly and deliberately narrow, on the system (here the evolved pattern of behaviours) which cycles around the symptom.

Watzlawick et al. (1974) applied the Theory of Logical Types to one of their key techniques, reframing - the altering of the meaning attributed to a situation. According to them, any description of any event is meta to the event. This suggestion renders precarious the trusted concept of reality - reality is no more than an opinion which rests meta to that which it describes. This position allows the therapist to reframe, on the level of metareality, any presented set of "facts" in such a way as to foster second-order change:

In its most abstract terms, reframing means changing the emphasis from one class membership of an object to another equally valid class membership, or, especially, introducing such a new class membership into the conceptualization of all concerned. (Watzlawick et al, 1974, p. 98)

The reframe can be employed as an intervention on its own with its capacity to shift the problem from the "symptom" frame into another frame that does not carry meanings of unchangeability. Often, however, the technique of reframing is used as the foundation upon which the prescribed intervention is built. That is, in order for the prescription to be followed out by the client, it has to accurately accord with his or her conceptual framework, and this meeting of intervention with world view is facilitated through the reframe. Watzlawick et al. offer the following example of the use of reframing:

reframing can be used with the frequent conflict generated by the nagging wife and the passive-aggressively withdrawing husband. Her behaviour can be re-labelled as one which, on the one hand, is fully understandable in view of his punitive silence, but which, on the other hand, has the disadvantage of making him look very good to any outsider. This is because the outsider would naively compare his behaviour to hers and would only see his quiet, kind endurance, is forgiveness, the fact that he seems to function so well in spite of the very trying home situation to which he has to return every evening, etc. It is the very inanity of this redefinition of her behaviour which will motivate her to stop 'building him up' in the eyes of others at her expense; but the moment she does less of the same, he is likely to withdraw less, and nothing ultimately convinces...like success. (pp. 103-104)

The strategic school, christened by Haley but led by Watzlawick, Weakland and Fisch thus proposed an ahistorical, acontextual, brief and focused approach to therapy. According to Hoffman (1981), "In the world of therapy, this person is a minimalist" (p. 273). While the cases cited in the works of these authors speak of tremendous therapeutic success, Hoffman warned fledgling therapists that this is not a magical, quick fix formula - there are hazards involved in the simple formula of identifying what to change and how to change it:

It is really not enough to ask about the problem, find out what solution is being tried, and then interrupt or reverse that solution. These are the shortcuts of master therapists who have an understanding of the complexity of the processes they are dealing with, and who have evolved an intuitive methodology for redirecting these processes. They can well say that they do not have to bother with the structure of the family - they know it by heart. (p. 278)

In terms of the above, the work of Watzlawick et al. (1974) represented yet another source of content for the cybernetic metaphor. That is, it represents yet another way of telling the cybernetic story. In terms of this work, the cybernetic system was organised around the invoked attempted solutions. The negative feedback loop was activated not in terms of disqualifying communication (Haley, 1963) or structural malfunction (Haley, 1977), but in terms of attempts at solutions. In accordance with Haley, Watzlawick et al. (1974) attested to be concerned only with behavioural sequences (that is, the patterns that maintain the systemic homeostasis) and not with meanings (that is, the homeostatic setting, or organising principle). Watzlawick et al. believed that disruption in the domain of behaviours would disrupt and effect change in the domain of meanings. However, I would argue that the route to second-order change, demanded intervention at the level of the setting itself. That is, in shifting the system out of first- into second-order change (where the system organises itself along a new premise), therapeutic techniques such as reframing were employed which certainly addressed the meaning domain of the setting itself. Yet this manner of working was not expressed as such - Watzlawick et al. consistently described their work as focused on behaviours in the adjustment of premises. This theme regarding the domains of behaviour and of meaning will recur repeatedly throughout this story.

This work forced me to confront the most critical point of difference in epistemology between what I had learnt and what I was now learning - the issue of the importance of the past

in the etiology of pathology. I had up until this point creatively avoided clarifying the issue - taking a stand would have forced me to fundamentally alter my sense of connectedness to one of my two learning contexts (Wits and Unisa) and I did not want to contend with any loss. Now I was being forced to question my hitherto unchallenged belief in the impact of the past on the present, and the utility of insight (persisting in the domain of meanings) in freeing the individual from past injury. I had to rethink these linear causal assumptions and at this point could not access satisfactory conclusions. This confusion, coupled with my discomfort with the strategic manner of working, as well as the increasing level of discomfort in the training group, left me feeling disempowered and voiceless. I had lost the clarity I had entered the course with and could no longer tell my personal or theoretical story with lucidity. The work of Minuchin however, afforded me a degree of solace in this year of turmoil.

Minuchin: The Structural Approach

Minuchin's approach to family therapy, termed the structural approach, developed parallel to the rest of the field with a different focus. His work did not derive out of General Systems Theory as did the work of the other schools, and as such, did not draw on the cybernetic metaphor. His approach drew on organisation theory using spatial metaphors like boundary, mapping, territory, structure, and role (Hoffman, 1981).

In his book, "Families and Family Therapy", Minuchin (1974) described the conditions which facilitate a well functioning family. If the boundaries which mark the various subsystems of the family are delineated clearly and appropriately, the family will function well. Most important is the boundary which defines the parental subsystem - this should be clear enough as to prevent the formation of cross generational coalitions, but permeable enough to allow for the access necessary for adequate parenting. Further, the boundary that delineates an individual should also be clearly defined, that is, healthy families encourage appropriate individuation of family members. If individuation is allowed, enmeshment, that is, inappropriate involvement in the world of the other, is avoided. However, if the boundaries around individuals become rigid, a disengaged family style wherein the members cannot access one another to share joy or sorrow will develop.

This approach is based upon the assumption that a dysfunctional family structure will create symptomatic behaviour in one or more of the members. Therapeutic change thus

necessitates the reorganising of the family structure, it is a process of challenging 'how things are done' where the target of challenge is inappropriate subsystems.

Minuchin's techniques for achieving this restructuring involve the therapist in the role of "active intruder changing the family field by his very presence" (Hoffman, 1981, p.264). To facilitate change, the therapist must be in control of the context, directly involving himself in altering the familial transactions which define structure. Therapy is aimed at increasing the complexity of family transactions and facilitating their utilisation of more competent transactions (Minuchin & Fishman, 1981).

This work clearly resonates with Haley's (1977) later focus on organisation, and it could be said that their goals at this point in both theories were almost identical, that is, the reorganising of family structure/hierarchy so as to circumvent cross generational coalitions. However, the two theorists differed markedly with regard to therapeutic process. A consideration of the different contexts out of which both works developed lends clarity to this difference. Minuchin developed his ideas working with impoverished families in the slums of America whose lives were characterised by chaos, passivity and disorder. The contextual therapeutic response was thus the inclination to take charge and organise. Haley's ideas emerged in the context of schizophrenic familial transacting characterised by perpetual disqualification of all levels of message (formally termed a paradoxical communication). That is, it is a context in which no acceptance regarding the other's proposal to define the relationship is accepted. The contextual therapeutic response for Haley could not be the direct introduction of new, restructuring rules as this attempt at defining the relationship would, like any other, be immediately disqualified. For Haley, it seemed as if the only therapeutic option was to respond with a therapeutic paradox which promoted progress no matter what alternative response the client makes. That is, in a context of pervasive disqualification of the levels of messages in communication, speaking with direct, appropriately qualified messages would fall on disqualifying ears. In terms of my evolving argument, Haley's coupling of the cybernetic metaphor, with the communicational metaphor, fitted with the context out of which his strategic therapeutic stance arose. Perhaps more varied contexts in the formative stages of the theoretical development of the work of Haley and Minuchin, would have resulted in less divergence between the therapeutic process of these two masters.

Hoffman (1981) argued that Minuchin's organisational metaphors, which almost preclude cybernetic metaphors, is a point of weakness in his approach. While I now appreciate the richness available in the cybernetic metaphor, at this stage in my training, Minuchin's non-cybernetic, non-strategic focus represented a personal source of clinical light - it was what facilitated the 'human-ness' of his approach. The other approaches seemed to lose sight of the people they were speaking of - the system necessarily subsumes the individual, and in so doing, the therapeutic empathy with the people in crisis is potentially lost. In a world describing people exclusively in terms of manoeuvres within error-activated, self-governing systems, I felt entirely bewildered. In a world speaking of people within the metaphor of form and space, and with reference to the domain of meanings and constructs, I felt somewhat clinically self-possessed. It was only much later that I evolved a way of introducing the language of meanings and ideas into the cybernetic metaphor. A point of beginning with regard to this development concerned an unusual therapeutic encounter I experienced during my first year of training.

Conversations with Megan

Quite by chance, during this first year of training, I stumbled onto a context in which I at first felt as voiceless as the very quiet client I had contracted to work with, but which evolved into a context of abundant articulation, both for myself, and for my partner in this exploratory endeavour, a child called Megan.

I was assigned to Megan's case by Wits Mental Health where one of the social workers was managing her mother's case. Megan's parents had been divorced for about four years and the break up had precipitated a severe drinking problem for the mother who during drinking spells would be verbally abusive to the children, and bring home strange men who were certainly a sexual abuse threat to the children. The children had been placed in temporary foster care with the maternal grandmother and aunt even though they wanted to remain with their mother. Their mother clearly loved her children very much, but at that time was unable to adequately care for them. The social worker working with the mother generally focused on the issue of alcohol attempting to make contracts around not drinking, attending AA, and regaining guardianship of the children. This had not been successful.

Megan was referred in response to concerns of her grandmother, aunt, and teacher at school. Over the year preceding her entry into therapy, she had been presenting with

increasingly withdrawn and silent behaviour both at home and at school refusing to interact with anyone in either context. She wanted desperately to be with her mother, even with the instability that came with that, and the silence had coincided with her leaving her mother's home.

Confronted with the case, my first attempt at working with children, I was faced with my first tangible dilemma of epistemology. I could have described this case in any number of ways, in terms of Klein, Winnicott, Haley, or Minuchin - I knew that any and all could fit. This confused me. It hit me with a sudden and tremendous impact, that I had begun to lose access to my experience of 'Psychotherapeutic Truthdom' - I was no longer convinced about anything. Instead of being epistemologically humbled (this would have been useful no doubt) I was epistemologically silenced, as silenced as the person I was working with. A remarkable therapeutic resonance had been established.

None of the above theoretical frames fitted with me in a way which could inform my way of working, and so I arrived at the first session material in hand, but epistemologically unprepared. The psychodynamic voices of my past rang clear in my head at the moment of meeting - do not impinge on the context - do not allow yourself to disrupt the transference with fun (I later learnt that this is certainly a misnomer, even in terms of psychodynamic play therapy, in the beginning sessions). And so we sat, both of us in our confused silence, wanting to connect, but not knowing how. This discomfort continued for a number of weeks, yet Megan was evidently gaining something - she kept on returning, and her grandmother, who would bring her to sessions, noted a slight improvement. Most probably, at this stage, the toys that I did bring with, as well as the predictability of the meetings - the reality that I could be trusted - was enough to make a difference. But I knew that this would not be enough for much longer.

I then discovered two books of enormous value. The first, a book by Oaklander (1978) entitled "Windows to our Children" documented an array of creative ways of working with children in therapy. This freed me to begin doing whatever felt comfortable for both Megan and I, not what was strictly and solely theoretically coherent. In addition, I discovered through this book, a technique originated by Gardner (1979) called 'The Mutual Storytelling Technique'. The technique involves inviting the child to tell a story with a lesson into a tape recorder. The therapist then tells a story using the same characters and plot, but with a more useful solution. The psychodynamic assumption underpinning the technique is that the child's story is a projection and thus reflects something about the child's life situation. In the retelling of the story,

the therapist affords the child the opportunity to internalise a solution-oriented approach to living and thus enhances ego strength. Theory aside, I liked the idea and anticipated the next session with enthusiasm. This was soon dampened by Megan's response - unlike the children in the case studies, she was far from ready to tell a story. I then remembered a game devised by Winnicott (1971) called the 'Squiggle Technique' - the child draws a squiggle which the therapist turns into something. The therapist then offers the child a squiggle which the child turns into something and so on. Megan liked this game and played happily explaining her pictures with prompting. I then reintroduced the idea of storytelling helping her along with what I called the "Once Upon a Time Line" - a red line I squiggled around our drawings to define the context as an imaginary one. I began the story for her, using the figures we had drawn from the squiggles, and inviting her to continue at her own pace. Once the story had been told, with my drawing in the additional details as a way of reinforcing for her the value of what she was telling me, and as a way of further prompting her to speak, I would retell it, once again drawing the retold version. If she chose, she could then tape the retold story and listen back to it. This process evolved over a number of weeks until such time as she could tell me a story with ease.

During these weeks, Megan's voice returned, and so did mine. But while Megan's voice of difference was generalised across all of the contexts of her life (school, with Mom, and extended family) my experience of articulateness was limited to this context. Even in my description of the therapy in supervision, I was unable to adequately present what I was doing. And I was not yet able to articulate why what I was doing was of such value to Megan. I was struggling to fit this way of working somewhere between psychodynamics and the language of first order cybernetics. I was becoming unfamiliar with the now distant language of Winnicott (1965, 1971) and realised that my way of working did not fit with the psychodynamic conceptualisation of the therapist as a neutral, passive body onto whom the child can vigorously transfer her intrapsychic world. However, I resisted translating this work into the language of first order cybernetics with its metaphors of power and manipulative tactics. I felt as if I was in a neutral zone of epistemological no-thingness. Inadvertently, I had stumbled into the world of narrative and social constructionism. Yet I could only make sense of this much later, when I began reading with earnest narrative approaches to psychotherapy. But once again, I am jumping ahead of myself....

Near the end of the first year of training, we were introduced to the work of the Milan associates. This group of therapists were introduced as representing the shift in the family

therapy movement into second-order cybernetics. For reasons which I hope will become apparent to the reader, I have chosen to fit what I have termed the first generation of Milan work under the heading of first-order cybernetics.

The Milan Associates: The First Generation

Introduction

In 1978, in Milan, Selvini-Palazzoli and her colleagues, Boscolo, Cecchin and Prata, published a book entitled "Paradox and Counter Paradox". This book represented a preliminary report of a research project that began in 1967 and which involved five children and ten adults presenting with psychotic behaviour. The research was ostensibly based on the cybernetic metaphor wherein the members of families were viewed as elements in a circuit of interaction. According to Selvini-Palazzoli et al. (1978), "The hypothesis is, that the family is a self-regulating system which controls itself according to rules formed over a period of time through a process of trial and error" (p.3). In terms of this hypothesis the symptomatic behaviour of individuals was described as being maintained by the transactions between family members, where these transactions were constrained (through negative feedback loops) by the familial rules. These rules were described as being peculiar to the pathology of the system. The way to facilitate change was thus to identify and change the rules which maintained the pathology. In terms of this, for the Milan team at this point, the setting of the cybernetic system was described in terms of family rules. The notion of 'rules' hints at the later work of Boscolo and Cecchin concerning the description of myths, or organising principles in the family. That is, the first generation Milan Associates description of rules invited entry into the field the notion of therapeutic perturbation in the domain of meanings, at the level of the setting of the family system. However, as will become evident further on, the conceptualising of these 'rules' was grounded in Haley's communicational model of 1959, and the prescribed 'changing' of them thus occurred through the employment of the associated strategic interventions in the domain of behavioural patterns.

Working Method

According to Boscolo, Cecchin, Hoffman and Penn (1987), the Milan Associates employed the following working model during most of the 1970's:

The interview format was divided into five parts: the presession, the session, the intersession, the intervention, and the post session discussion. During the presession, the team came up with an initial hypothesis about the family's presenting problem. Only two members would meet the family (the other two members would stay behind a one-way mirror and act as observers). During the session itself, the team members would validate, modify, or change the hypothesis. After about forty minutes, the entire team would meet alone to discuss the hypothesis and arrive at an intervention. The treating therapists would then go back to deliver the intervention to the family, either by positively connoting the problem situation or by a ritual to be done by the family that commented on the problem situation and was designed to introduce a change...Finally, the team would meet for a post session discussion to analyze the family's reactions and to plan for the next session." (p. 4)

Theoretical Framework

The work of the Milan team was built on the cybernetic metaphor, as well as the work of Bateson and colleagues in Palo Alto based on Russell's Theory of Logical Types, and the work of Haley (1959) presented in his article "The Family with a Schizophrenic Patient: a Model System". The Milan team, like Haley in 1959, were thus working with the two primary metaphors of the first-order theorists, that is, cybernetics, and communication theory.

As discussed above, according to Bateson and his team of researchers at Palo Alto, when the discontinuity between a class and its members is breached in human relations, paradoxes of the Russellian type appear with pathological consequences. This hypothesis allowed for the description of the double bind - a paradoxical communication typical of schizophrenic familial interaction. A great deal of the focus of the Milan team was on the paradoxes which inhere in pathological relationships, as well as on the use of paradox as a therapeutic intervention. Further, the Milan group attested to having absorbed from Bateson the cybernetic gift of 'systemic wisdom' - the description of behaviour in terms of a circular rather than a monocausal, linear model. It was this declaration that placed them, in the eyes of the broader field, in the second-order cybernetic frame with its focus on recursiveness, and mutuality. However, I will argue that this generation of Milan work did not employ the notion of

circularity in terms of the cybernetic metaphor as Bateson had, but in terms of the communications metaphor in the way that Haley had.

To recap, in 1959, Haley argued that a new language was necessary in order to describe the communication that characterises schizophrenic families, and to this end developed his six point model of communication. He concluded that schizophrenic families are characterised by a reluctance of all of the members of the family to admit that their behaviour exists in relation to the other. That is, each of the members seek to deny that their behaviour regulates or is regulated by the behaviour of the other members. This is achieved through the pervasive disqualification of all of the communications presented by all of the members. In so doing, the necessary defining of the relationship with one another is avoided. Haley's model was descriptive, it in no way attempted to explain the evolution of this interactional sequence. This was addressed by the Milan Team.

The Milan team explained this pervasive disqualification in terms of the concept of 'hubris', that is, the pride inherent in all of us, the pretention to succeed in gaining control of the definition of the relationship (not of the other). The Milan team asserted, in accordance with Bowen (in Selvini-Palazzoli, 1978) that "at least three generations are needed to produce a schizophrenic" (p. 22). The first generation of members are characterised by a rigidity of behavioural sequences and dysfunctional solutions. The battle for the definition of the relationship communicates itself through the withholding of expressions of praise and approval where such expressions are seen to represent personal weakness. This is replaced with criticism and mockery. In such a relational context, the next generation (the parents of the schizophrenic member) fear exposing themselves to rejection and long for relational affirmation - a longing which is never met and thus escalates in intensity. In searching for a partner, each of the second generation members yearns for a relationship wherein he or she will finally be able to control the relational definitions and thereby avoid rejection and gain the longed for affirmation. However, in accordance with the common trait of 'hubris', each partner is compelled to search for the same relational context in order to finally 'win' the game, that is, to assume control of the definition of the relationship in a context which mirrors that of the original family.

The relational position of each second generation partner is thus identical and symmetrical. The stage is set for the emergence of an atmosphere of relational disqualification:

Each [partner] yearns desperately to gain control of the definition of the relationship and repeatedly and compulsively tests his position, thus constantly running the risk of defeat. However, hubris ... can accept no defeat. Failure, or even its possibility, becomes unbearable, and must be prevented at any cost...The battle must go on, but with no risk for the adversaries. Thus, they choose the only solution: the avoidance of any definition of the relationship. Each must disqualify his own definition of the relationship before the other has the chance to do it. Thus the great game begins and its secret rules are formed. (Selvini-Palazzoli et al., 1978, pp. 24-25)

This is a game characterised by an array of disqualifying communicational manoeuvres. The hallmark of these manoeuvres is paradox, the confusing of levels of message. In therapy, the players are so skilled at their complex game that the therapist must be wary of being rendered impotent by the mechanics of it. As part of avoiding this therapeutic trap, the Milan team warned that what is presented by the family members is not necessarily what is real. Presented behaviours do not reflect correlating inner realities, they represent manoeuvres in the ongoing game. This awareness demanded the initial substitution of the verb 'to seem' for the verb 'to be' in therapeutic discussion. Later, the verb 'to show' was used in reference to presented behaviours. This understanding encouraged a position of observation of the interactions and effects of behaviours in the family system rather than encouraging the asking of 'why'. For example, if Mother in a particular family looks hurt, it is not useful to assume this to be true and then endeavour to understand why Mother is sad in this particular context. Rather, it is useful to state that Mother shows the family and the therapist sadness and then to consider the effects of this presentation on the family members and therapeutic team. This manner of description was found to be far more instructive in that it allowed the therapeutic team to identify the family game, while protecting them from being drawn into it. Further, it was more compatible with the systemic, non-causal model in that 'being' something implies an associated causal relationship, either retroactively, or in terms of the present (for example, mother 'is' depressed because her mother failed to nurture her, therefore children 'are' acting out), whereas 'showing' something allows for a description that is interactional and multicausal.

To return to the family game. The homeostatic balance of these pervasively disqualifying systems is maintained by the precipitant of the game, hubris. The game cannot

end or change (by for example one member leaving the system) for fear of losing the ultimate challenge for control of the definition of the relationship. But according to the Milan team the attempt to achieve unilateral control of any relationship is based on a false assumption:

The presumption is obviously mistaken since it is based on a mistaken epistemology inherent to linear conditioning. No one can have linear control in an interaction which is, by definition, circular. If the partner does not accept that his position in the relationship is defined as complementary, he can always signal to the other through communicational metalevels that the other's superiority is not really superiority. (Selvini-Palazzoli et al., 1978, p. 30)

That is, in view of the multiplicity of levels of communication available to the players in the schizophrenic game, it is possible to play without an end, where no winners or losers can ever be definitive or enduring.

The double bind was described by the Milan team as a communicational mode which facilitates this game with neither an end nor escape. The recipient of the bind is confronted with two conflicting levels of message. In this context, the implicit message received is: 'neither prevail nor succumb'. (Either position would be definitive and would end the game. This in turn would invite the possibility of losing control of the definition of the relationship which ultimately would render both players vulnerable to the risk of rejection.) The recipient can thus respond to neither command. Further, the ambiguous definition of the relationship precludes either a comment on the incongruence at a meta-level or the ultimate relational rebellion, namely, abandoning the field. Faced with such an impasse, the recipient can only respond with an equally noxious puzzle. And so the game continues, ad infinitum.

The Milan team then considered how the behaviour of the schizophrenic patient evolves in this context of the interminable game of paradox. Essentially, the identified patient engages in behaviour which by its nature seems to call for change. The schizophrenic member says, in effect, the game is no longer tolerable and I have withdrawn myself from it (using all of the schizophrenic methods to disqualify being present in a relationship) until such time as the members of this family change their ways of being. For example, the schizophrenic member will speak with a voice or persona that is not his own - a 'psychotic' episode - thereby indicating that it is not really *him* interacting with them. Alternatively, he might choose to change the persona

of one or all of the members of the family, thereby indicating that it is not them with whom he is interacting.

However, according to the Milan Associates (Selvini-Palazzoli et al., 1978), this call for change could not be construed as reality, it was understood to be only the presentation of a call for change. In that no one individual can in a linear way take charge of the rules of the game, to call for change is another instance of a mistaken assumption that control can be achieved - once again the machinations of hubris. In effect, it is really just another very skilled paradoxical manoeuvre in the game which has no end.

To be precise, a new escalation begins between the pseudo-power of the schizophrenic and the pseudo-power of those who declare themselves guilty or responsible for his condition. Who has more power in the effort to define the relationship defined as undefinable? The schizophrenic? Or whoever has made him such?. (Palazzoli et al., 1978, p. 43)

And so the game of paradox and hidden symmetry continues, driven by unconquerable hubris.

The Milan team warned the therapist faced with a family caught in this inescapable web to beware the seductive power of hubris. Faced with players of immense skill, the therapist can easily be drawn into the rules of the game, employing disqualifying interventions in a symmetrical battle for control. According to the Milan Associates, a therapist ensnared as such will be rendered therapeutically impotent by the inevitable, disqualifying responses of the schizophrenic family. Accordingly, the Milan team advised that the therapists play in as detached a manner as possible, observing all of the behaviours presented by the therapeutic adversaries as moves in the game. This demands an awareness of one's own therapeutic motivations, especially the desire for power, which is invariably used to seduce the therapist into the symmetrical battle.

Haley's (1959) response to the difficulty of working with a disqualifying system was to tender a therapeutic double bind. Haley operationalised this therapeutic double bind by prescribing the symptomatic behaviour within a frame which confirmed the position of the identified patient. All of this was enacted within the higher order frame of therapy with its meta-implications of change. A family cannot resist (and thereby disqualify) the therapist if both

change, and no-change are prescribed at different levels of message. The Milan team broadened this way of working in the development of their therapeutic method, the 'counterparadox'. According to them, if the therapeutic team confirmed only the identified patient, the anti-symptom views of the rest of the family members would be negatively connoted (Boscolo et al., 1987). This would be experienced as disqualifying by the rest of the members, and would thus encourage the continuation of the game in the therapy context. The 'positive connotation' was devised as a means of spreading the confirmation to include the symptomatic behaviour of the entire system.

The positive connotation not only facilitated the confirmation of the entire family (thereby reducing resistance), it also demanded that the therapist be aware of how all the behaviours in the family are in the service of the maintenance of the symptom. That is, the positive connotation addressed the homeostatic tendencies of the system rather than focusing on separate persons in the systemic whole. According to Selvini-Palazzoli, Boscolo, Cecchin and Prata (1980), "The primary function of the positive connotation of all of the observable behaviours of the group is that of permitting the therapists access to the systemic mode" (p.56).

The first generation Milan team certainly represented the emergence of a new epistemology based on systemic (non-linear, holistic, multi-causal) assumptions. This is most apparent in two aspects of their work. Firstly, their description of the 'mistaken assumption' that unilateral control of the definition of the relationship can be achieved invoked a circular rather than linear causality. Secondly, their technique of positively connoting all of the symptomatic behaviours presented by the identified family necessitated a systemic orientation.

The work of the Milan team was very pivotal with regard to my own development. I was affected at many different levels. Firstly, the linguistic shift described above regarding the replacement of the verb 'to be' for the verb 'to seem or show' constituted an important personal learning curve. I never again was able to definitively describe someone as 'being' anything - I had begun to consolidate the idea of behaviour as presenting systemic configurations rather than only reflecting internal realities with linear etiologies. Further, I was intrigued by the skill evident in the theoretical conceptualisation of the Milan Associates, as well as the transcripts of their therapy sessions. This work was many miles away from the empathy and holding environment of psychodynamic therapy. The creative interventions presented in their work intrigued me. Moreover, Selvini-Palazzoli had been trained within a psychoanalytic background,

and then chose to seek alternative ways of working. She thus represented to me a therapist who had lived in both worlds of knowledge and who had thus made an informed choice. I felt compelled to discern what had influenced her. I was becoming aware of my own ambiguous position of standing between two worlds of influence (psychodynamic and systems), and was needing to clarify my previously comfortable position in the latter. This work thus pushed me towards seeking new definition, and out of the passive resistance I had previously chosen. However, this was not the only level of response.

While the work of the Milan team did represent the beginning of a second-order therapeutic stance in the family therapy movement, it contained a number of theoretical discrepancies. During my first exposure to this body of work, I responded to these discrepancies with a certain degree of uncerebral confusion. However, I was as yet, not familiar enough with the theoretical assumptions that preceded and followed this work to make critical sense of my confusion. I now understand my confusion to have arisen out of the Milan Associate's presentation of their work as falling within Batesonian parameters of cybernetic, circular wisdom while a great deal of their assumptions were more influenced by Haley's conceptualisation of communicational sequences. Once again, the manner of explaining the cybernetic metaphor, in this instance, the communication metaphor, took centre stage, and the second-order principles which inhere in the cybernetic metaphor were unfortunately neglected.

The Milan model hinges around the mistaken assumption regarding linear control - no one can achieve constant control of the definition of any relationship, and thus the schizophrenic game is a futile exercise which holds no possibility for closure. Selvini-Palazzoli and colleagues (1978) invoked Bateson's cybernetic call for circularity as opposed to linear descriptions of interactions with regard to this argument. However, I would assert that their conceptualisation differed from Bateson's regarding circularity. For the Milan team, the impossibility of linear control was predicated on the pseudo-complementary and supplementary positions available in the repertoire of human communicational games. This centres around the idea that every move can be countered with another move, every challenge can be met with another challenge. In other words, it is always possible to outmanoeuvre the other because we have at our disposal the tools which inhere in levels of communicational message. As Selvini-Palazzoli et al. (1978) stated, "Between living beings ... the transaction is circular. Each can respond to a challenge with another challenge, to a move with a countermove" (p. 36). This is entirely evocative of Haley's (1959) communicational model. I would argue that Bateson was

referring to a broader concept of circularity grounded in cybernetics with its focus on mutual causal interactional patterns occurring within recursive orders of feedback loops. Cybernetics demands an awareness of how all the components in a systemic circuit are connected in such a way that no one element can control another. That is, "the system is circular, effects of events at any point in the circuit can be carried all around to produce changes at that point of origin [i.e., the person/element that effected the change will himself be effected thereby]" (Bateson, 1979, p. 116). This circularity, or mutuality inheres in the notion of the negative feedback loop in terms of which the elements of the system are constrained. Cybernetics thus highlights the arbitrary nature of punctuating any given set of events. We can never know which is the point of beginning in a circular chain of causal events and can thus never describe a linear causality. This awareness extends beyond a discussion of supplementary and complementary positions, and the associated interactional patterns. The Milan team had not yet incorporated into their thinking the idea that interactions can only be circular, not because of levels of message, but because, in terms of the cybernetic metaphor, nothing can be said to cause anything else in a strictly linear way.

Given the above, I would assert that the Milan team's assertion that linear control cannot be achieved is based on Haley's communicational model, rather than on Bateson's cybernetic model. They *did* invoke Batesonian language in defining circularity at a later point in the same work, "From a strictly circular and systemic perspective any punctuation in the sense of before and after, cause and effect, can only be arbitrary" (Selvini-Palazzoli et al., 1978, p. 40). However, I think that their understanding is grounded in Haley's epistemology, rather than Bateson's. They invoked the primary metaphors of both authors, yet, like Haley, their application of the communicational metaphor to the cybernetic metaphor led to a disintegration of the second-order principle of mutual causality which inheres in the cybernetic metaphor. While the Milan team explicitly proclaimed their allegiance to Bateson's cybernetic wisdom, they, seemingly unwittingly, embraced Haley's strategic, communicational position in the building blocks of their epistemology. This unsorted mix is what I now understand to have caused me a great deal of confusion. The work attests to being systemic and circular, but is grounded in a strategic body of work.

As always, the therapeutic process mirrors the epistemological, and so, the therapeutic process of the Milan team reflects elements of both first- and second-order cybernetics, with, I would argue, a more heavy leaning on first-order methods. The first generation Milan work

smacks of therapeutic drama - Selvini-Palazzoli, 'the Wizard of Paradox', and cast, in performance. It is spiced with strategic interventions and ritual. There is little sense of conversational collaboration with clients in this therapeutic endeavour. Further, the language used to describe the therapeutic process is the language of war - the language of adversaries and of winning and losing therapeutic battles. (Clearly, this is not a circular conceptualisation where no one person leads, rather, this involves very direct categorisation and polarisation of the parties that constitute the client system. Ironically, the language reflects that which it attempts to describe as epistemologically flawed - a therapist described as being at battle with the client, is clearly a therapist concerned with achieving control in order to win a war. Finally, the command to assume the therapeutic position of observation and response (so as to avoid being pulled into the disqualifying battle) clearly reflects a first-order position which precludes an observing-system awareness, namely, punctuating the observer as part of that being observed. That is, the Milan team at this stage still invoked the first order 'black-box' assumptions of the therapist as being outside of and separate from the system being observed.

Returning to my development, the relationship I had with the beginning work of the Milan team was even more enigmatic than that which I had experienced with Haley. Once again, as with Haley, I was intrigued and awe-struck by the creative wizardry of the work. Once again, I felt ambivalent about whether I could find a position of comfort working in this way with its demand for manipulative intervention techniques. However, here I felt confused by the epistemological mixed messages of both strategic thinking and 'systemic wisdom' outlined above. Yet I could not identify the source of my confusion - in the literature I had read thus far, 'Milan' was equated with 'systemic'. And so, believing that this method must indeed be coherent with systemic principles, I practised tucking away my discomfort with manipulation, cloaking it in the 'systemic' language of the first generation Milan team. I played with paradox at every turn feeling more powerful with each 'successful' intervention. As such, lacking the epistemological insight I needed at this point, I spent my second year of training, and some of my internship having a similar clandestine and unaware affair with the illusion of power implicit in Haley's work as that played out by the first generation of Milan Associates. I thought that I had embraced Bateson's new world, but in effect, I had become an actress on a stage, playing at war. Even my reading of Bateson during my second year was clouded by this epistemological confusion. It was only later, during my internship, that I was able to make sense of Bateson's cybernetic wisdom without distorting it.

I would argue that this early work of the Milan team highlighted the as yet underground rift between Haley and Bateson regarding assumptions around power and control. For Bateson (1972, 1979), with his epistemological focus on pattern and circular causation, any attempt to manipulate a context in order to effect change was based on a mistaken assumption that linear control can be achieved, and was thus not to be trusted. For Haley (1959, 1963, 1977), the struggle for control characterised the therapeutic endeavour. However, any epistemological position which includes notions of control and power mitigates against a circular, cybernetic vision in terms of which no one element of a system can be understood to effect linear power over the next. This fundamental epistemological dispute over the notion of therapist power became a central theme in my striving to evolve a coherent therapeutic voice.

According to Boscolo et al. (1987), during the late 1970's, the Milan team rediscovered Bateson through reading "Steps to an Ecology of Mind" (Bateson, 1972). They "found that the impact of Bateson in the original was in some respects different from Bateson translated by others" (Boscolo et al., 1987, p. 9). This rereading and consequent reworking of their method facilitated their shift towards second-order cybernetics. It was during my second year of training that I encountered Bateson, whose theory constituted a pivotal point in my development in much the same way as it had done for the Milan Associates. As such, in the next theoretical chapter, I shall address those themes in Bateson's work which were significant both for the Milan Associates, as well as for my evolving therapeutic self. However, between my first and second years of training, I was involved with development of a different kind - with the twins that were busy with the primal task of growing themselves inside of me.

CHAPTER 4

"GOOD ENOUGH MOTHER" OR PATTERNS AND CYBERNETIC SYSTEMS?

I remember the moment of reckoning ... I lay beside the wondrous scanning machine, anticipating the meeting of my husband and I with our unfolding child, to discover, that there was not one, but two tiny people, swimming on the inside of me. I recall watching two white spots floating inside two sacs of black and being pulled towards wonderment (I was the mother of two growing children) and despair (I could never possibly manage the task of mothering these two children together with the task of growing myself into a qualified therapist).

The agreement reached between the department and myself was that I would take off the year of the twins' birth and return to join a new group of trainees the following year. This meant that the twins would be eight months on my return.

My experience of preparing for motherhood, as well as the reality of being a mother impinged enormously on my evolving therapeutic self. This was a multi-faceted process of impact. The first instance of impact concerned an internal, contextually responsive demand for a changing personal epistemology; the second comprised a conversation I had with one of the course trainers before returning to my second year; and the third concerned the move into a new group of trainees.

At this point in my personal evolution, I knew, with clarity that leaving the training course was not a viable option. I had worked too hard to end this journey prematurely. However, I was now no longer responsible only for myself. I had to find a way of managing this dual demand without diminishing my capacity in either the role as mother or as trainee. I had confronted, head on, the impact of context on mind. As a young undergraduate at the University of the Witwatersrand, I had been my only concern. My context afforded me the luxury of believing that any personal struggles appertained directly to the parenting I had received. I had no reason whatsoever to contest this belief. The context I now found myself in was very different. I was to be the mother who would be 'holding' or not, who would manage to be '100% attentive' to my infants' demands or not, who would in short, be 'good enough' or not. I was now at the

receiving end of a linear description that felt increasingly less comfortable. Remarkably, the more I read of Bateson and his focus on circular causality and pattern, the more attuned to it I became. While this has, in a large part, to do with Bateson's very engaging writing manner, as well as Bateson's remarkable talent, it certainly was a process of changing epistemology that was informed by the dictates of an entirely new context. Believing that the psychic health of my children was almost entirely dependent on the adequate mothering that they would receive in the first year of life suddenly became an unbearable construct. This pain was all the more acute given the undeniable fact of their twin status with all of the inevitable extra demand. I was in no position to be a Winnicottian mother. I thus experienced, at this time without theoretical awareness, the constructed nature of ideas. The constructs of my undergraduate years did not accommodate my new context, and I thus evolved an alternative set.

While documenting this, it all seems extraordinarily expedient. At the time it was not done at any conscious level at all, it is only with retrospective vision that I can now make sense of the beginning of my epistemological shift. I have little doubt that this shift would have occurred irrespective of my move into motherhood or not, but the move did act as a fortuitous and very interesting kick-start.

The second instance of influence constituted a conversation I had with one of the group trainers before re-entering the course. We met ostensibly to reorient me to the theory and the learning context. In the course of the conversation, I shared with her my experience of intense alienation at a number of levels during my first year. I described having felt very vulnerable in the group and supervisory context, a vulnerability that I had understood to relate to a preparedness on my behalf to present my frailties to the group, who in turn were not prepared to tolerate any displays of human frailty. I explained to the trainer that in terms of my personal 'morality', being prepared to share was a sign of strength, not weakness. It had meant for me the confidence to be 'real, imperfect - human.' Her response startled me. Instead of supporting this interactional mode, she told me outright that clearly, this had not worked for me, and I should beware of falling into the same trap in the coming year. All notions of a constant behavioural repertoire correlating with a constant self dissolved in the instance of that response as I resolved (privately, in accordance with my newly defined personal boundary) then and there to refrain from engaging in the 'sharing mode' in the year to come. In a matter of a few moments, I had redefined my interactional persona from 'sharing and caring' (with its necessary associated vulnerability) to 'private and autonomous'. This may seem trite to the reader, but the

repercussions in the new group were enormous. I *experienced* myself as less vulnerable when I chose to present my strong persona sans vulnerability. And with this new-found experience of autonomy came a newly discovered voice on all of the levels of my previous struggle - interpersonal (peers and supervisors), and epistemological. Further, once again, personal experience was reflecting to me a new epistemology - my `self' was no longer an immutable reality and change was no longer dependant on insights connected to past injury. My eyes had begun to irrevocably broaden their focus.

? The third source of difference was drawn out of the new group of trainees that I entered. Unlike the first group, characterised by its lack of relational definitions, and all of the associated conflict and upheaval, this group was remarkable in its cohesiveness. This atmosphere of congeniality, combined with my newly discovered, and well fitting persona, constituted a recipe for successful learning. Feeling comfortable in the context, I was far more open to embracing the epistemology espoused therein.

While all of these variables played a role in setting the stage for my increasing articulation and epistemological shift, I contend that the first, that is, my need to reconceptualise the development of the self in terms of pattern, rather than linear causality, was the most instrumental. The author who was pivotal in this new world of thinking was Bateson and it is his body of theory that I shall address first in the next chapter. Further, while all of the above has been described to fit with this story, I never lose an awareness that all of this could be explained χ within any number of meaningful frames. Indeed, that is the final theme I shall address in this story of infinite possibility.

CHAPTER 5

SECOND YEAR MASTERS: THROUGH THE LOOKING-GLASS - IS 'ID' ALL TRUE?

In another moment Alice was through the glass, and had jumped lightly down into the Looking-glass room...

Then she began looking about, and noticed that what could be seen from the old room was quite common and uninteresting, but that all the rest was as different as possible. For instance...the very clock on the chimney-piece (you know you can only see the back of it in the Looking-glass) had got the face of a little old man, and grinned at her.

-Lewis Carroll, *Through the Looking-Glass*

Introduction

In chapter 2, I briefly outlined the differences between a first- and second-order cybernetic perspective. However, for the argument that will ensue in this chapter, it is necessary to elaborate on this distinction. The family therapy field has been characterised by constant flux - it has reflected the cybernetic principles of feedback and calibration in the process of its own development. While there have been numerous shifts in thinking and ways of working, a fundamental change in conceptualisation is organised around the perceived role of the observer. This distinction demands categorisation and the field has accordingly been divided into what has been termed 'first-' and 'second-order cybernetics'.

In terms of *first-order cybernetics*, the therapist or observer exists outside of the system and can do the job of observing without contaminating the process being observed. As such the therapist's description of a family system would offer the best explanation for the system's pattern of organisation (Golann, 1988). First-order cybernetics is thus the cybernetics of observed systems. Furthermore, in terms of a first-order perspective, the observer can intervene in the system, in accordance with the 'objective' formulation arrived at, in a linear way

so as to achieve a predictable outcome. *Second-order cybernetics* on the other hand concerns the cybernetics of 'observing systems', a term coined by von Foerster (1981) and is concerned with the ways in which the observer is recursively connected with the observed system in such a way, that two separate systems can no longer be usefully distinguished. This position has numerous repercussions with regard to one's understanding of the therapist role. Most significantly, in terms of a second-order position, the observer cannot be described as being capable of acting on the system in a linear way, thereby effecting change in a predictable way.

In accordance with the principle of equifinality, I would argue that the second-order position was reached through two related but distinct bodies of theory; cybernetic theory, and biological constructivism. The biological constructivists, under the leadership of von Foerster, Maturana and Varela, brought the debate into focus in the 1970's. However, I would argue that these principles were implicit in Bateson's (1972, 1979) understanding of the cybernetic model. I will present the contributions of both models in the move towards a second-order perspective. I will first consider the cybernetic route, using Bateson's theory as my primary frame. I will then digress into other relevant aspects of Bateson's theory, and the ways in which his work was applied by the Milan Associates, (Selvini-Palazzoli, et al., 1980) and by Keeney (1983). Only after this will I return to the manner in which the biological constructivists disrupted the application of first-order principles to living systems, thereby resurrecting the neglected second-order ideas which inhere in Bateson's (1972, 1979) cybernetic epistemology.

It is necessary to preface my description of Bateson's ideas with the following: I recall one supervision session, when my supervisor, discussing a client and a therapy where all the 'right things' seemed to have been done and said but the client was not 'moving', taught me an invaluable lesson. He said that therapy provides a context in which a great deal of new information is generated in the therapeutic system. Often, the information does not serve to introduce a new pattern of organisation during the agreed upon duration of the therapy. But the therapy, that is, the differences evoked, are no longer latent, they are no longer in the world of the not-yet-drawn out, and they thus carry their potential for initiating new difference beyond the formal therapy limits of space and time. In another context, interacting with other demands and differences, the information drawn out may yet be used efficaciously, it may later constitute the "difference that makes the difference" (Keeney, 1983, p. 170).

At that time, I did not realise how pertinent those words were in terms of my own development. A great deal of what was presented to me during my training, especially in the second year, was drawn out of obscurity into new information. But I was as yet not in a position to make good use of the differences. In a different context, one which really did demand that I find a voice of my own, I was able to apply far more of the 'meaningful noise' that I had encountered in my training, instead of 'partial arcs' of epistemological circuits. As such, for most of my second year, I played with second-order cybernetics in much the same way as the first, and even the second generation Milan Associates did. I remained fond of using power in my therapeutic position, even while feeling uncomfortable doing so. As such, my description of the theory I am presenting under the heading of my second year of training does not really correlate with the time in which I began applying the work to clinical practice.

Bateson

First-order or Simple Cybernetics

According to Keeney (1981, p. 45), "Bateson's epistemology proposes a 'communicational world' based on cybernetics, systems theory, and ecology." In his book "Aesthetics of Change" Keeney (1983) outlined the principles of what he terms 'simple cybernetics', the cybernetics out of which Bateson's (1972, 1979) emphasis on pattern and relationship evolved. These ideas were presented in the second chapter; however, a brief overview is necessary here in order to present the development of Bateson's epistemology.

Keeney (1983) asserted that the notion that pattern organises physical and mental process is fundamental to cybernetics, and is distinct from the language of material, things, force, and energy. Using terminology borrowed from Jung, Bateson (1979) sets the "ordinary material universe" (p. 104), the world of Pleroma, against his description of what his epistemology invites us to know, that is the world of Creatura - the world of mind, of communication, of pattern, and of form. The science of cybernetics offered Bateson a set of metaphors through which he could explicate his new epistemology regarding the world of Creatura.

Two papers, published in 1943, introduced the world to what was to be the beginning of cybernetics as a formal science. These papers, by Rosenblueth, Wiener, and Bigelow, and by

McCulloch and Pitts (in Keeney, 1983) "attempted to discern the pattern of organization that underlie purposeful behaviour and perception, respectively" (p. 65). What Bateson (in Keeney, 1983) shared with the cybernetic thinkers was the "recognition that the laws governing the embodiment of mind should be sought among the laws governing information rather than energy or matter" (p. 65). Papert (in Keeney, 1983) elaborated on this notion:

The principal conceptual step was the recognition that a host of physically different situations involving the teleonomic regulation of behaviour in mechanical, electrical, biological and even social systems should be understood as manifestations of one basic phenomenon: the return of information to form a closed control loop. (p. 65)

According to Rosenblueth, Wiener and Bigelow (in Keeney, 1983), the critical notion of feedback, that is 'the return of information to form a closed control loop' had been introduced and implicated in the functioning of all purposeful behaviour.

Wiener (in Keeney, 1983) defined feedback as:

a method of controlling a system by reinserting into it the results of its past performance. If these results are merely used as numerical data for the criticism of the system and its regulation, we have the simple feedback of the control engineers. If, however, the information which proceeds backward from the performance is able to change the general method and pattern of performance, we have a process which may be called learning. (p. 84)

→ Therefore, with recourse to the self monitoring capacity of feedback processes, all systems are, in potential, self corrective. To say all of this in simpler language: in a circular system, an input will be set (the input can be understood to be the desired state, the 'setting'). The input is then compared to the output (the output is what is actually happening) and then corrective action is taken in an attempt to make the output approximate the input. The extent of the action is determined by the degree that the output differs from the input. This is called negative feedback in that you subtract the output from the input and the difference is fed back into the system instructing it as to how much corrective action should be taken. The effect of all of this is that the more the output resembles the input, the less corrective action has to be taken, and the

less the output resembles the input, the more corrective action has to be taken. That is, 'negative feedback' is simply "a circular chain of causal events, with somewhere a link in the chain such that the more of something, the less of the next thing in the circuit" (Bateson, 1972, p.429). Eventually a state of equilibrium, a steady state will be established. Figure 3.1 on page 21 constitutes a visual representation of a first-order cybernetic system.

Bateson's (1979) concept of cybernetic circularity, or circular causation, as a model for self-regulating living systems is implicit in the notion that living systems are characterised by loop formations of feedback rather than by linear sequences of cause and effect. The system is described as being circular in that if any component in the system is disturbed or changed, then all the elements in the system will adapt to restore either the original state of equilibrium or to establish a new equilibrium. That is, every element will respond to a change in every other element in an attempt to re-establish equilibrium through the process of negative feedback. As Bateson wrote in 1979, "the organization of living things depends upon circular and...complex chains of determination" (p. 115).

However, for the first-order cyberneticians, this principle of circularity, was acknowledged only at the level of the elements interacting inside of the observed system or 'black box'. (As discussed above, even this description of circularity was a partial one inhering more in the communication than cybernetic model.) Certainly, the ways in which the observer necessarily becomes a member of a living system was neglected in the first-order cybernetic model. That is, the first-order black box view is limited in that it posits a system which can be controlled from the outside without accounting for recursive interaction between the outside observer and the system being observed. A consideration of the ways in which the output is fed back into the system and interacts with the input so that future output is corrective constitutes only one level of conceptualisation. In terms of this conceptualisation, the therapist was presented as being able to identify the problematic interactional patterns, and on the basis of this, to then intervene from the outside in order to effect a predictable change. The therapist was in control of the client system, in much the same way that an engineer would control a systemic black box. It was this perspective which prompted Jackson and Weakland (1961) to make the following category of statement: "This sort of closed sequence...constitutes the sort of pathological family homeostasis that it is the therapist's business and duty to alter" (p. 26). For the first-order cyberneticians, the role of the therapist was defined as observing the client system, rooting out the problematic sequence, and then inserting the appropriate therapeutic solution. The solution

was thought to inhere in the domain of the behaviours of the client system. Dallying in the domain of meanings was obsolete, a relic from the unsuccessful psychoanalytic past. All of this activity was assumed to be effected with the therapist sitting apart from the client system, executing change in a linear way. Once again, I will repeat my contention, that this first-order, controlling position was fuelled by the coupling of the cybernetic metaphor with the communicational model which occurred at the inception of the family therapy movement, simultaneous to the introduction of the cybernetic metaphor to the field. Figure 5.1 represents this manner of conceptualising the role of the therapist.

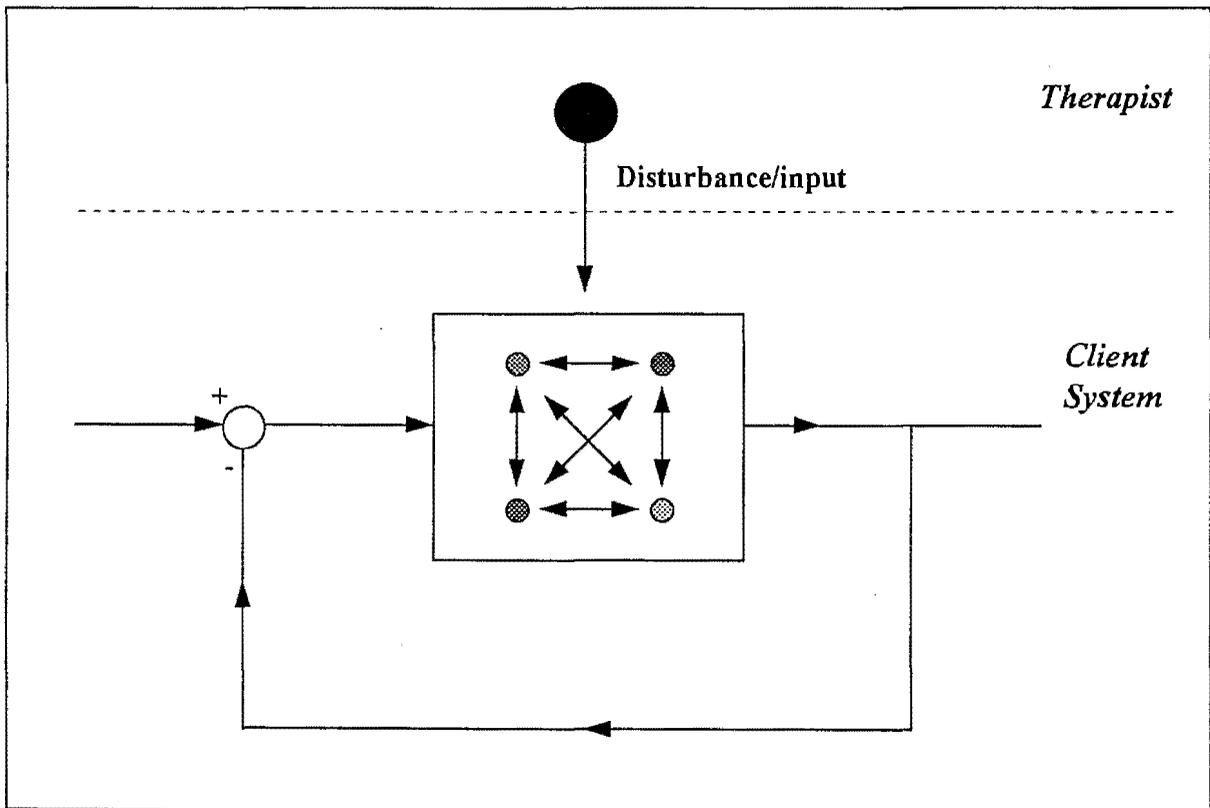


Figure 5.1 First-order view of therapist plus client system

Second-Order Cybernetics or Cybernetics of Cybernetics

This above model, exemplifying a first-order cybernetic perspective, does not account for the higher orders of recursion implicit in the circular organisation of systems. The recursiveness of feedback, that is the circular loop formation of feedback processes, demands an awareness of the higher orders of recursion which encompass systems. Second-order

cybernetics includes an awareness of the higher orders of recursion to which the system belongs, of which the observer is one part. In terms of this perspective:

The therapist, at a higher order of recursion, is part of a whole system and subject to its feedback constraints. At this level, the therapist is incapable of unilateral control and can be seen as either facilitating or blocking the necessary self-correction. (Keeney, 1983, p. 74)

To use the example of a person driving a car: The individual's foot will either press or lift off the accelerator depending on the angle of difference between the input (the speed the person wants to be travelling at), and the output (the speed registered on the speedometer). The output is fed back into the system, read, and then the new output constitutes the corrected action. The model left as such posits an observer outside of the phenomenon being observed (the driver observing the speedometer) unaffected by that which he is observing. What has to be included into the model is an awareness of the higher order feedback processes that incorporate the observer into the system. To return to our example of the driver in his car, a number of factors could then be included meaningfully into the model: the driver's adherence (or lack thereof) to the stipulated speed limit (here again, an even higher order of recursion concerns the traffic officer who enforces the limit, and going one level higher, the council for whom the traffic officer works); the driver may be transporting a person who needs to get to the hospital urgently and the input would then be altered according to this demand with no cognisance taken of the official speed limit. The observer is thus always a part of the whole system at a higher order of recursion, and is also subject to its feedback constraints.

Bateson (1972, 1979), in applying cybernetic principles to living systems, certainly supported a second-order cybernetic position. For him, the observer was one part of the complete circuiting system that includes the observed. The feedback process which regulates any system is itself regulated by a higher order of feedback of which the observer is a part. This notion facilitates the move from the first-order position of the therapist as the objective observer of a separate system, to the second-order cybernetic position of the therapist as part of the observing system. In terms of this position, the therapist cannot effect change in the client-system in a linear way in that the therapist, from the moment of the first contact with the client system, becomes an element of the system, at a higher order of recursion. Figure 5.2 represents this second-order position regarding the role of the observer/therapist.

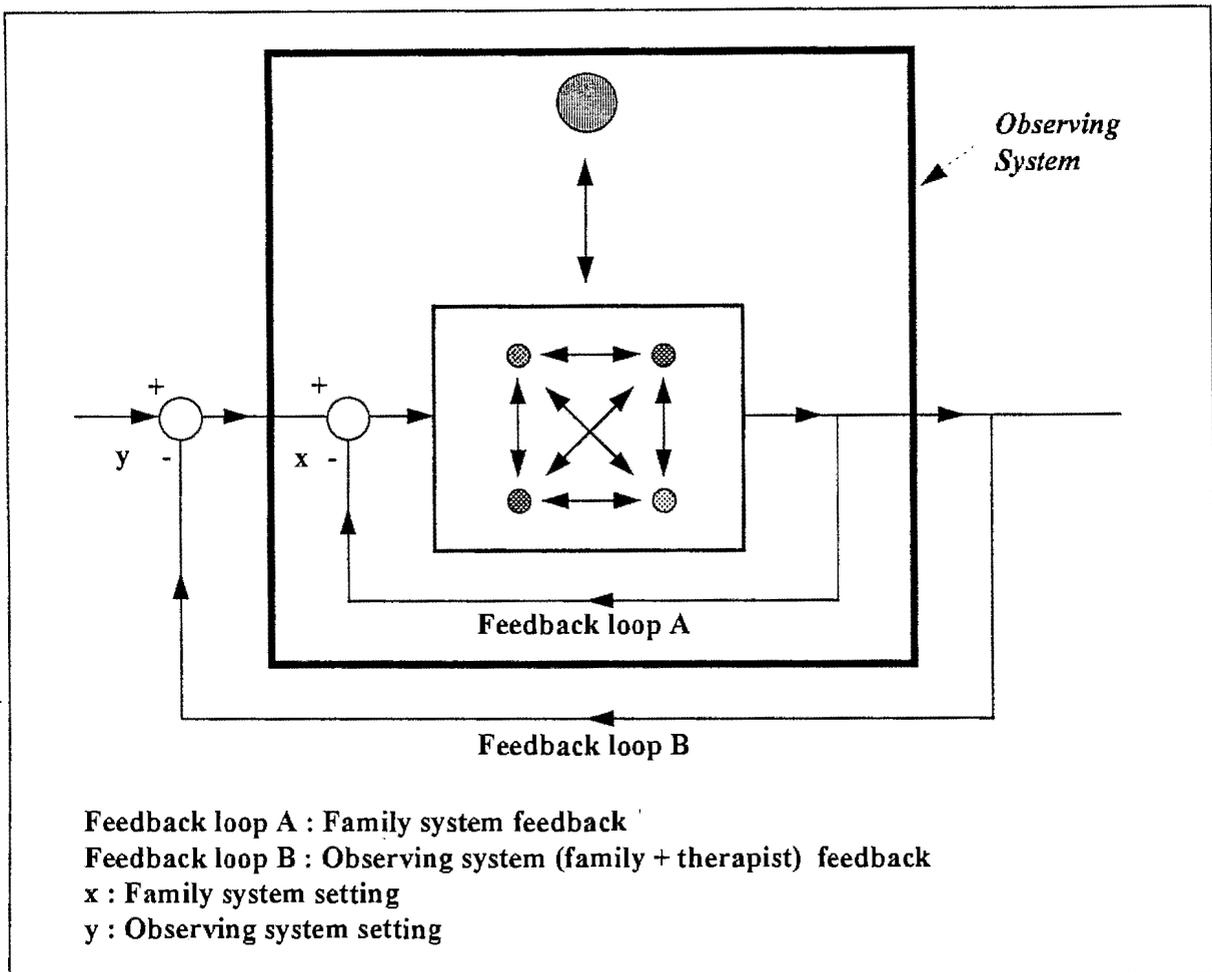


Figure 5.2 Second-order cybernetic observing system

Clearly, a second-order conceptualisation offers numerous implications in terms of the notion of therapist power and control as presented in the previous chapter. Atkinson and Heath (1990b) present the distinction between the two models in a concise way:

[In terms of first-order cybernetics], the observer remains outside of or apart from the system being observed, and is viewed as being in a position to facilitate adjustments in the system without taking into consideration the observer's participation in the system. The potential danger is that an exclusive first-order approach may lead to an overemphasis on conscious control...[second cybernetics however]...concerns itself with complex layers of cybernetic process and addresses recursive connections between systems, including the connection between the observer and the system being observed...From the

perspective of second-order cybernetics, the living world is viewed as organized in recursive layers of autonomous systems that are related through feedback structure, and are self-generating by nature. (p. 145)

As mentioned above, the notion that the role of the therapist was to 'change' the client system, and the associated assumption around power and control constituting central themes in the therapeutic context, comprised core epistemological issues in terms of my development. At the level of personal integrity, I experienced myself in second-order terms, never finding a position of real comfort while working in paradoxical, power based positions. However, at the level of cerebral epistemology, at this stage of my development, I had not incorporated a Batesonian, second-order cybernetic perspective on the therapies with which I was engaged. It would take my internship experience, coupled with the reading of the work of the biological constructivists to come to this latter position. I shall return to this theme later on in this chapter.

2.3 Bateson's Focus on Relationship

As stated above, Bateson (1979) set the "ordinary material universe" (p. 104), the world of Pleroma, against the world of Creatura. Bateson distinguished these two worlds on the basis of the processes that maintain the interactions between their constituent parts:

The contrast lies in this: that, for the material universe, we shall commonly be able to say that the 'cause' of an event is some force or impact exerted upon some part of the material system by some one other part. One part acts upon another part. In contrast, *in the world of ideas, it takes a relationship* [italics added], either between two parts or between a part at time 1 and the same part at time 2, *to activate some third component* [italics added] which we may call the receiver. What the receiver (e.g., a sensory end organ) responds to is a difference or a change. (p.106)

That is, unlike the material world, the communicational world is determined by mental process which functions in terms of difference, where difference demands relationship: "communicational events are triggered by difference rather than the way forces and impacts shove billiard balls around" (Keeney, 1981, p. 47). The observer can respond only to difference. This notion is supported by neurophysiological and perceptual evidence (Keeney, 1981).

Investigation in these areas show us that we can perceive only difference. Bateson (1979) asserted that our sensory system operates only in response to news of difference, with events which we can call changes. Information is thus news of difference. However, any latent differences that are not noticed "are not". The differences have to be drawn out in order to be transformed into information. Therefore, information is news of difference that makes a difference.

A number of Bateson's (1972, 1979) epistemic invariants spiral out of his description of mental process (that process he identified as maintaining the interactions between the constituent parts of *Creatura*) as functioning in terms of difference or a relationship between the constituent parts. Firstly, the cogency of ideas; secondly, the benefits of multiple description; and thirdly, the significance of levels of logical types.

The Cogency of Ideas

Bateson (1979) recognised the importance of 'difference' upon discerning the relationship between the objects we perceive and the classifying of them inside our brains. He cited Korzybski's famous principle: the map is not the territory, and the name is not the thing named in elucidating upon the idea that we have no direct access to the 'things' that exist out there. As Bateson (1972) said, "There are in the mind no objects or events - no pigs, no coconut palms and no mothers" (p. 250). What this means is that:

in all thought or perception or communication about perception, there is a transformation, a coding, between the report and the thing reported; the Ding and sich...Naming is always classifying, and mapping is essentially the same as naming. (Bateson, 1979, p. 37-38)

In that, as discussed above, the observer can respond only to difference, what follows is that what gets from the territory onto the map is news of difference. It is never the things themselves only the differences that travel from the territory to the map. The effects of news of difference are "transforms (i.e., coded versions) of the difference which preceded them" (Keeney, 1981, p. 122). The map can thus be understood to be "some sort of effect summing differences, organizing news of differences in the 'territory'" (Keeney, 1981, p.122).

The notion that the world outside of ourselves is inaccessible to direct inquiry points us towards an understanding of the significance of ideas. As Bateson (1979) said:

What is crucial is the presupposition that ideas ...have a cogency and reality. They are what we can know, and we can know nothing else. The regularities or 'laws' that bind ideas together - these are the 'verities'. These are as close as we can get to ultimate truth. (p. 206)

Bateson thus thrust us into a constructivistic world of no objectivity; all we have are our ideas about what is real without any direct access to the world of 'realness'. All experience is generated by the observer, and is constituted of transforms of difference, that is, ideas. Clearly, this position invites a second-order cybernetic perspective wherein the observer, no longer presented as separate from the system, generates her own observing system. This route towards a second-order perspective is entirely compatible with the cybernetic model, and mirrors in many respects, the route taken by the biological constructivists.

Keeney (1981) applied Bateson's understanding of 'ideas' to the language of cybernetics. According to Keeney, the notion that transforms of difference constitute information and characterise function within the communicational world, leads to an understanding of cybernetic circuits as:

recursive transformations of news of differences, i.e., information looping in a circuit. A consequence of this recursiveness is that information can inform (or feed back) itself. The redundant looping of information in a circuit, i.e., when information in-forms itself, is what Bateson (1972) calls 'ideas'. Ideas are consequently subsystems of mind and minds interact such that one can begin speaking of an 'ecology of mind(s)'. (p. 48)

Multiple Descriptions

The second epistemic invariant derived from the above discussion concerns the enriched perspective gleaned from the juxtaposing of different descriptions. Bateson (1979) asserted that the combination of diverse pieces of information seems "to give the perceiving organism information about the world around itself or about itself as a part of that external

world". (p. 78) The value of multiple versions of reality being viewed concurrently derives out of the notion that it takes at least two somethings to create difference. To reiterate:

To produce news of difference, i.e., information, there must be two entities (real or imagined) such that the difference between them can be immanent in their mutual relationship; and the whole affair must be such that news of their difference can be represented as a difference inside some information-processing entity, such as a brain or, perhaps, a computer. (Bateson, 1979, p. 78)

Bateson (1979) cited a number of examples which exemplify the notion that multiple descriptions, juxtaposed, offer the observer a richer description from which to glean differences and information. Two examples of significance are first, Bateson's description of what he understands explanation to comprise, and second his explication of evolution in biology and in thought. I will return to both these themes later.

Bateson (1972) invited one to look "for the genesis of information of new logical type out of the juxtaposing of multiple descriptions" (p. 80). This brings me to the third epistemic invariant.

Levels of Logical Types

The third epistemic invariant pointed to in the discussion above concerns the centrality of levels of logical types in the world of *Creatura*, the world of communication and mind. From the above discussion, it is clear that, first, the sensory system and the mental system that follows can operate only upon events that constitute differences. Further, "the effects of difference are to be regarded as transforms (i.e. coded versions) of the difference which preceded them" (Bateson, 1979, p. 122). According to Bateson, "the description and classification of these processes of transformation disclose a hierarchy of logical types immanent in the phenomena" (p. 27). That is, perception, being a process of coding or mapping-the-perceived onto the perception constitutes something different from that which preceded it, and is thus an instance of what Bateson terms logical typing.

As discussed in chapter 2, this aspect of Bateson's work connects with the work of Russell and Whitehead published in 1910 as *Principia Mathematica* (in Bateson, 1979) and was applied to the communication model of schizophrenia. I shall thus not review this work again. However, it is interesting to note at this juncture, the very different ways in which Bateson (1979) and Haley (1959, 1963) applied the concept of logical types. For Bateson (1979), the notion of logical types was based on a constructivistic assumptive bed (as outlined above), and led him deeper into descriptions which accord with his cybernetic principles of the mutuality that defines interactions within and between living systems (as is evident in his theory of evolution described below). The notion of logical types led the way for Haley (1959, 1963) into a control based theory wherein the therapist has to constantly strategise in order to avoid the therapeutic impotence which arises out of the client system's pervasive disqualification.

2.4 The Levels of Process and of Form

➤ An awareness of differences in logical types presented Bateson (1979) with a passage to the formal patterns of human communication, to the elusive 'pattern which connects'. Bateson thus employed the notion of logical types as a means of making sense of his observation of the patterns of action and interaction of a New Guinea culture.

In order to follow the paradigm that evolved out of this section of Bateson's (1979) work, it is necessary to first define certain of his key concepts: "description", "explanation", and "tautology" (pp. 92-96). A pure *description* includes all the transforms of difference immanent in the phenomena to be described without any indication regarding the relationships between these phenomena that might make them more understandable. An *explanation* attempts to make sense of a description but contains no new information that is different from that which was present in the description. Descriptions and explanations are connected by what is technically called *tautology* - "a body of propositions so linked together that the links between the propositions are necessarily valid" (Bateson, 1979, p. 95). A tautology is characterised therefore by an internal consistency. It is onto the tautology that the description is mapped in the formulation of the explanation. For Bateson, this relationship between explanation and tautology is not inconsequential. Bateson (1979) asserted that:

something like the relation which I have suggested between tautology and the matters to be explained obtains throughout the entire field of our inquiry. The

very first step from pigs and coconuts into the world of coded versions plunges the thinker into an abstract and, I believe, a tautological universe. (p. 205)

In his analysis of his anthropological observations of the New Guinea culture in terms of levels of logical types, Bateson (1979) established a paradigm that can be used to map the relation between the orders of description. He called the paradigm a zigzag ladder between form and process. With regard to the relationship between form and process, Bateson treated the notion of form as an analogue of what he called tautology and process as the analogue of the aggregate of phenomena to be explained: "As form is to process, so tautology is to description" (p. 205). Process for Bateson thus referred to a description of actions, whereas form referred to the classification, the mapping of the description, onto a tautology in order to achieve a higher order of information.

Bateson (1979) suggested that the utility of this paradigm extended beyond the story about his analysis of a New Guinea Culture. For Bateson this zigzag form "recurs again and again wherever 'mental process' predominates in the organization of phenomena" (1979, p. 210). That is, when the abstract notion of logical typing is applied to the realm of biology and mind, it extends beyond a hierarchy of a list of classes, classes of classes, and classes of classes into a zigzag ladder of dialectic between form and process. And this ladder becomes the tautology onto which a large number of puzzles can be mapped, ranging from perception to education.

Bateson applied the dialectic of form and process to his understanding of evolution in the biological and mental world. According to Bateson (1979) "in evolution, the relation between somatic and phylogenetic change and the relation between the random and the selected have this zigzag form" (p. 210).

Bateson's Theory of Evolution

What Bateson (1979) did was to compare two evolutionary processes, biological evolution and the evolution of thought. Bateson preceded his theory of evolution with the assertion that in the stochastic processes, a class to which both evolution and learning belong, the new (the difference which makes a difference - information) can derive only from the random. It is out of the random that new patterns arise. Bateson cited Ashby's observation that

a system can produce something new only if the system contains some source of the random. Bateson defined a sequence of events as random if, "there is no way of predicting the next event of a given kind from the event or events that have preceded, and if the system obeys the regularities of probability" (p. 244).

In order for the new to be plucked from the random as with stochastic processes, something like 'natural selection' must obtain, there must exist "some sort of selective machinery to account for the ongoing persistence of the new idea" (Bateson, 1979, p. 54). To call upon the tautology of 'natural selection', in order for the new, plucked out of the random, to persist, it must be of such a nature that it will persist longer than the alternatives which will not persist for as long a time.

Bateson (1979) argued that both biological evolution and the evolution of thought are constituted of two binary halves, both of which are stochastic:

In each case there is...a stream of events that is random in certain aspects and in each case there is a nonrandom selective process which causes certain of the random components to 'survive' longer than others. Without the random, there can be no new thing. (p. 160)

For Bateson (1979), survival (that is, the maintenance of a steady state through successive generations) in the biological world demands evolution (change). Two contrasting ways of achieving adaptive action are employed: "Evolution must always, Janus-like, face in two directions: inward towards the developmental regularities and physiology of the living creature and outward towards the vagaries and demands of the environment" (p. 234). These two stochastic subsystems function in contrasting ways - the internal development, the embryology, is conservative whereas the outside world, impacting on the second sub-system seems to insist upon change. The first subsystem concerns the epigenesis, the internal development of the organism. The random component presented here is genetic change, either by mutation or by the reshuffling of genes among members of the population. The process of selecting the random genetic material is conservative - it will sensibly favour those new items offered in the selection process which conform or are compatible with the "regularities of the status quo ante" (Bateson, 1979, p. 234). This 'internal recipe', which demands compatibility with that which preceded it, is a necessary but not sufficient characteristic for the

developing organism. This is so in that the world that is external to the organism is a world in flux and these constant changes propose changes for the creatures entering it.

The second stochastic subsystem is thus concerned with external adaptation, that is, with the interaction between the organism and the environment. Bateson's (1979) conceptualisation of the evolution that inevitably accompanies phenotype interacting with environment differs from the Lamarckian concept of evolution. In terms of the Lamarckian model, the organism, facing certain environmental demands, will adapt its physiology accordingly and then these 'acquired characteristics' will be absorbed into the genetic make up of the organism, and be passed on to future generations. For Bateson, while this argument might seem convincing in viewing the biological world, it is flawed. For Bateson, no learning or somatic change (in response to environmental demand) can directly affect DNA, that is, genetics. The somatic changes which are proposed in interaction with the environment are *answerable* to the genetic potentiality of the organism - the genetics determine the viability of the given proposal. *External influence, and parallel somatic adjustment "will always create a context for genetic change, but whether such genetic change will follow is a quite separate question" (Bateson, 1979, p. 199). The phenomenon called 'natural selection' functions at the level of the gene pool of the population, not at the level of individual genetics. *The external context will select those individuals in the population whose genetic composition holds the potential to meet the specific demands of that environment.

In this second subsystem, the random component is thus provided by the interaction of phenotype with the environment, "together, the phenotype and the organism generate an unpredictability. Neither organism nor environment contains information about what the other will do next" (Bateson, 1979, p. 195). The selection of the random is determined firstly with regard to the extent to which there is an adaptive fit between the organism and the external environment; and secondly, the extent to which the genetic possibilities of the phenotype allow for the inclusion of the random in question. That is, in selecting changes, the organism is limited by its genetic potentiality - to resort to tautology, *it can only become what it can potentially become*. In short, the interaction between the phenotype and the environment invites the inclusion of the random which will bring change. The genetic state selects the random change which will endure on the basis of its compatibility (or lack thereof) with historical precedents and the genetic potential of the phenotype for incorporation thereof:

Between them, environment and physiology *propose* somatic change that may or may not be viable, and it is the current state of the organism as determined by genetics that determines the viability...the limits of what can be achieved by somatic change or by learning are always ultimately fixed by genetics. In sum, the combination of phenotype and environment thus constitutes the random component of the stochastic system that proposes change; the genetic state disposes, permitting some changes and prohibiting others. Lamarckians want the somatic change to control the genetic, but in truth, the opposite is the case. It is the genetics that limits the somatic changes, making some possible and some impossible. (Bateson, 1979, pp. 195-196)

In both stochastic subsystems, it is the selective component that informs the changes which will be incorporated into the final picture. That is, the selection processes "govern and limit the outcome" (Bateson, 1979, p. 201).

Bateson (1979) then moved on to compare the processes of thought and learning with the double stochastic system of biological evolution. He asserted that, like biological evolution, thought is composed of a double structure. What Bateson did was to use biological evolution as a tautology onto which to mapped a description of mental process.

The first subsystem of mental process concerns the intracranial stochastic system, that process of learning or thought which involves only the brain of the individual. The random component here derives simply from new ideas that are generated in the mind. This genesis of new notions depends largely upon the "reshuffling and recombining [of] ideas that we already have" (Bateson, 1979, p. 201.). The selection processes which acts to limit the outcome of the newly generated ideas is the test of coherence: "Does the new idea make sense in terms of what is already known or believed?" (Bateson, 1979, p. 201). This subsystem thus bears a remarkable resemblance to that stochastic process in biological evolution responsible for the genesis of random genetic change and on which an internal selection operates so as to ensure a coherence between the old and the new. This subsystem of thought, like the internally directed subsystem of biological evolution, "demands conformity and enforces this demand by a process more or less resembling logic...In the process of thought, rigour is the analogue of internal coherence in evolution" (Bateson, 1979, p. 201).

In the same way that the second stochastic subsystem of biological evolution had to account for the demands of the external environment, so too, the second stochastic system of learning or creative thought extends beyond the individual brain to the world around the individual. In the realm of thought we find the analogue of that process in evolution "in which experience creates that relationship between creature and environment which we call adaptation, by enforcing changes of habit and soma" (Bateson, 1979, p. 202). This involves a process of trial and error - the organism-plus-environment encounters the random, that is, any new action demanding exploration of the proposition 'this is the way to do it'. Here too, as with somatic change, there are limits that select what can be learned:

In the first instance, what can be learned at any given moment is limited or facilitated by what has previously been learned. In fact, there is a learning to learn with an ultimate limit, set by genetic constitution, to what can be immediately changed in response to environmental necessity. There is a peeling off, at each step, into genetic control. (Bateson, 1979, p. 202)

To return to the paradigm of the dialectic between process and form. Bateson (1979) concluded that the relationship which obtains between these two stochastic processes mirrors the dialectic of form and process. For Bateson, the essence of the contrast between the two processes lies in the relationship between the name and the process that is named. "Whatever the coding and mechanical relation between DNA and the phenotype, DNA is still in some way a body of injunctions demanding - and in this sense, naming - the relations which shall become apparent in the phenotype" (Bateson, 1979, p. 203). Bateson proposed that we recombine the two stochastic systems that he artificially divided for the sake of clarity in order to see the two as alternating between form (the name) and process (the sequence that we name).

Application of Bateson

Bateson's work is certainly an exercise in theoretical abstraction, and I struggled for many months to make sense out of at least some of what he was saying. I was intrigued by the quality of humility that echoed through all of his writings, a position which clearly was congruent with his epistemology. Further, through reading and rereading Bateson's work during my internship year, his stress on the circular organisation of living systems became information that I could no longer readily discard. The consequent description of power as epistemologically

flawed and dubious resonated with much of my own struggle with the strategic work I had thus far encountered. However, I struggled to apply his abstract theorising to the realm of clinical therapy. The work of the Milan Associates (Selvini-Palazzoli et al., 1980), and of Keeney (1983) was helpful to this end. Further, Bateson's (1979) work constituted my formal introduction into the world of constructivism. I could no longer refer ingenuously back to the psychoanalytic theories of my undergraduate years without looking at the ways in which both the theories, and my understanding of them, were only distinctions drawn by observers, in a domain which invited an infinity of distinctions to be drawn out of the latent possibilities.

The Milan Associates: The Second Generation

It was Bateson's (1972, 1979) application of the metaphor of cybernetic circularity to living systems that was most pivotal in the Milan team's reworking of their model and their correlating shift into the field of second-order cybernetics. To return to my argument in the preceding chapter, the first body of Milan work was grounded in Haley's (1959) strategic communicational model. As such, the work of the Milan team at that stage attested to being Batesonian but was not yet. They had not yet fully incorporated the second-order notion of mutual causality.

In 1980, the Milan group published an article which summarised their new interviewing technique and the associated epistemological assumptions. The article was entitled "Hypothesizing-Circularity-Neutrality: Three Guidelines for the Conductor of the Session" (Selvini-Palazzoli, Boscolo, Cecchin & Prata, 1980) and clearly marked the Milan group's first step into a Batesonian, and thus second-order cybernetic, world view.

The three categories addressed by the article represent a brilliant attempt to translate the implications of Bateson's idea of cybernetic circularity into the day-to-day work of consulting with human beings and their families. 'Hypothesizing' translated the concept into an assessment process; 'circular questioning' translated it into an interviewing technique; and 'neutrality' translated it into a basic therapeutic stance. (Boscolo et al. 1987, p. 10)

Neutrality

Neutrality refers to the position of the therapist in the therapy. It is based on Bateson's assertion that "all parts of a given system must, if the system is seen systemically, be given equal weight" (Boscolo et al., 1987, p. 10). That is, in any given system, no one component exerts a greater effect on the system than any other component. A disruption at any point will have an effect on the entire system. Translated into the realm of therapy, the therapist has to constantly mark her own position regarding the different members of the given family in a way which is coherent with this systemic awareness.

If this assumption is maintained throughout the therapy, the therapist can retain her neutral position of not being seduced into supporting the position of one family member over the next. Therapeutic leverage is thus maximised, and a metalevel awareness of process is rendered more accessible. The therapist is freed to work in the system without being trapped either by individuals or coalitions with more powerful voices than their systemic counterparts. Further, linear-causal hypotheses are avoided while sitting in this position. Finally, this position reduces the risk of assuming a moral position with regard to the members of the therapeutic system.

Hypothesising

One intended outcome of the interview process was an hypothesis; a proposal which would organise all of the information regarding the presented problem in terms of its context. Further, the intervention which would be prescribed at the end of each therapy encounter was built on the hypothesis. This hypothesis had to be systemic, that is, it had to account for all of the elements in the problem situation, at various levels of recursion. To use the language of Bateson (1979), the hypothesis should describe 'whole circuits', and not 'partial arcs' thereof. Hoffman (1981), cites an example of an interview conducted by the Milan Associates with a divorced mother and her adolescent son:

The two came for therapy because of constant fights. At first the team entertained the notion that the boy's behaviour might, in part, be a disguised effort to bring the natural father back into the picture. Questions along this line fell very flat, however, so present circumstances were investigated, and a new

hypothesis was devised. It turned out that the mother was seriously dating another man, for the first time since the two-some had begun their life together twelve years before, at the time of the divorce. The son was also at the age when he was seeing more friends. The mother-son couple were beginning to break up, with consequent distress. This time the team's message was based on a simple hypothesis: That the two were undergoing a natural process of growing apart and making new ties, a process that brought with it unavoidable growing pains but was nevertheless 'irreversible.' The team therefore recommended that the couple come in, not for therapy, but for a 'few meetings,' to try to slow down this painful but irreversible process of separation. (p. 293)

It would be tempting to believe in and to search for the 'true hypothesis', however, in terms of Bateson's epistemology, the world outside of us is inaccessible to direct inquiry and we can thus access only maps of the territories being explored. As such the hypothesis was not intended to approximate truth. Rather, it was potentially *useful* "in the sense of leading to new information that moves the family along" (Boscolo et al., 1987, p. 10). Finally, the process of hypothesising proposes an epistemology of co-evolved ideas where the observer draws out latent differences conjointly with the family while acknowledging her position as one of being a part of and affected by the observing system.

Circularity

The technique of 'circular questioning' was perhaps the most critical outcome of this stage in the Milan school's development. This phase of development included a shift in the Milan Associates' point of focus from the behaviours of the family, to that of the therapist. This different focus "clarified the development of a specific style of questioning which the team called circular questioning" (Boscolo et al., 1987, p. 10).

The technique of circular questioning combined two of Bateson's most central epistemological tenets. Firstly, the notion that information is a difference, and secondly, the assertion that living systems are organised in terms of loop formations rather than in linear sequences of cause and effect (Boscolo et al., 1987).

In accordance with the first assumption, the questions generated by the therapist are designed to scan for difference. As such, the questions would "address a difference, or define a relationship" (Hoffman, 1981, p.301). The questions used can be categorised in terms of the difference being scanned: questions about differences in perception of relationships ("Who would miss daughter more if she left for college, Mother or Father?"); questions about differences of degree ("On a scale of 1 to 10, how upset is daughter over parents' divorce?"); now/then differences ("Did Mother show her sadness as deeply as she does now before Grandmother's passing?"); and hypothetical and future differences ("If Father had not died when you were still a child, how would your life have been different now?" or, "If you were to fail your exams, would Mother or Father be more disappointed?").

In accordance with the second assumption, the information solicited by these multiple scans for difference is fed back into the system. On the basis of the feedback, the therapist constructs the next question. To quote the Milan Associates: "By circularity we mean the capacity of the therapist to conduct his investigation on the basis of feedback from the family in response to the information he solicits about relationships and therefore about difference and change" (Selvini-Palazzoli et al., 1980, p. 3).

At this point in the development of the model, the aim of the technique of circular questioning was the acquisition of information. The hypothesis, and corresponding therapeutic intervention would be based on this scan for difference. As such, the involvement of the family in the feedback process circling around the differences (and thus information) elicited through the questions asked was not addressed in the theory. That this source of change may be another arc in the circuit was hinted at near the end of the article when the authors asked whether "family therapy (can) produce change solely through the negentropic effect of our present method of conducting the interview without the necessity of making a final intervention?" (Selvini-Palazzoli et al., 1980, p. 12). I believe that the team's failure to address this aspect of the interview, namely, *the feedback process in terms of the family members* was a glaring omission. For them, the technique of circular questioning remained first and foremost an assessment technique - it was a means for the therapist of eliciting useful information while the source of change remained the presented hypothesis and the prescribed intervention attached thereto. The 'source of change' thus still inhered in the domain of behaviours. I would argue, that this continued focus on the *intervention* rather than on the therapeutic conversation kept the Milan Associates in a position where at least one very big toe remained firmly rooted in the first-

order field of cybernetics with its assumptions regarding the role of therapist as powerful, 'active fixer' prescribing the necessary intervention in the domain of behaviours. The therapist would arrive at an hypothesis, and, while not professing access to 'Truth', would intervene in terms of this hypothesis from a position of distance and power. Specifically, it would seem that the Milan Associates had not yet entirely relinquished Haley's communicational metaphor and the prescribed intervention therefore retained a strategic stance. Hoffman (1981) prior to her own epistemological shift away from strategic-type therapy, described the Milan team in a most telling way:

What strikes an observer of the Milan Associates is their deliberate use of mystery and drama....This position fits with the basic tenets of strategic therapy. Like Judo experts, they use the momentum of the family's own resistance to effect change. (p. 303)

Possibly, the vision of the Milan team at this point was still blurred by the context out of which their leader, Selvini-Palazzoli derived. That is, Selvini-Palazzoli's move into the family therapy field was due in a large part to her disillusionment with the psychoanalytic model. In terms of the psychoanalytic model, the primary tool of change is insight rendered available through the therapeutic process of questions and interpretations. Perhaps, a consideration of circular questions as interventive in and of themselves came too close to the psychoanalytic model's use of language as the vehicle for facilitating intrapsychic difference in the client. As such, the Milan team had to cling to a conceptualisation of the therapeutically proactive and strategic intervention in the domain of behaviours as the source of change. Indeed, even in her later work, after the split of the Milan team into two groups, Selvini-Palazzoli has retained her position with its emphasis on the strategic stance and activity of the therapist.

The above notwithstanding, the work of the second generation of Milan Associates, specifically the formulation of the hypothesis, did represent a point of difference in the field. This is so in that this work represents the first instance of coupling the cybernetic metaphor with the notion of an organising principle, *the content of which was not necessarily dictated by Haley's (1959) communicational model*. I suggested above, that the *first* generation Milan Associates' focus on rules suggested the earliest resurrection of interest in the domain of meanings. However, this was overshadowed by the superimposition of the communicational model in the interpretation of these rules and thus a strategic, first-order therapeutic stance was

maintained. For the *second* generation of Milan Associates, in formulating the hypothesis, the intention of the team was to make sense of the information accrued regarding the presented problem, in terms of the given context. That is, the hypothesis addressed the systemic setting, the meaning context in which the symptom endured. This was not enormously different from the first generation Milan Associates focus on changing the family rules. However, the point of difference is that the *content* of the hypothesis did not derive solely out of Haley's communicational model, that is, the cybernetic metaphor began to be storied in a language other than the communicational language of interpersonal manoeuvring within levels of message. Yet, for the reasons outlined above, the prescribed therapeutic activity (the manner of perturbing the client system) retained a first-order, communicational model feel wherein specific behaviours were prescribed from a concealed therapeutic stance.

To clarify, I am considering two levels of therapeutic conceptualisation: firstly, the level at which the team makes sense of the family interactions, and secondly, the level at which the team formulates their mode of intervention. The strategic mode of intervening introduced by Haley (1959) derived out of his communicational analysis of family interactional patterns. That is, for Haley, the second level (therapeutic activity) was informed by the first level (appraisal of family interactions) - a strategic, paradoxical therapeutic stance was necessary given the disqualifying nature of the family interactions. I would assert that this model was largely replicated by the first generation Milan Associates work. However, the second generation Milan Associates represented a point of difference with regard to the first level of analysis, that is, the sense made out of the patterns presented by the family. This generation of Milan work represented a move out of describing these patterns in strictly communicational terms only - the cybernetic metaphor began to be storied within an alternative frame. However, the second level (the level of therapeutic intervention) had not yet been divorced from its historical roots in the communicational metaphor with its associated strategic stance in the domain of behaviours.

The idea that the questions themselves and the information generated out of the differences scanned might represent a source of therapeutic change (that is, proposing therapeutic activity in the domain of meanings) was addressed both by the later work of Boscolo et al. (1987), Keeney (1983), and by Keeney and Siegel (1986). Boscolo et al. (1987) advanced this position in their complete move away from all kinds of staged therapeutic interventions. Keeney (1983) and Keeney and Siegel (1986), in their application of Bateson's cybernetic and evolutionary theories to therapy addressed how the drawing out of latent

differences, that is, the evocation of information, can be the difference that makes a difference. That is, how information (difference) alone can make a difference in a system in a circular causal way.

Keeney

Keeney's (1983) model of multiple communications in therapy draws on Bateson's cybernetic model as well as on his evolutionary thesis. According to Keeney and Siegel (1986), Bateson's notion of multiple views can be usefully applied to the domain of therapy. Keeney and Siegel held that "multiple views encompassing both sides of a distinction lead to more complete and satisfying descriptions of therapeutic process" (p. 70). For Keeney and Siegel, the distinction between stability and change is a useful conceptual duality for systemic therapy.

Keeney and Siegel (1986) argued that a cybernetic system encompasses a recursive relation between processes of change and stability. The system constantly has to change the way it changes in order for it to retain its stability: "Cybernetic systems are, thus, patterns of organization that maintain stability through processes of change" (Keeney & Siegel, 1986, p. 71). Bateson (1972) offered the following metaphor: just like the high wire artist who has to constantly move his body in order to remain balanced, a cybernetic system constantly calibrates its ways of changing in order to maintain stability.

In terms of the perspective of multiple communication, "cybernetic systems provide communications of both change and stability" (Keeney & Siegel, 1986, p. 71). The members of a troubled system can thus be understood to be presenting a multiple message to the therapist upon contracting to engage in therapy, "a message that requests stability of the system's survival or identity, while communicating another message that requests change in the particular way it maintains itself" (Keeney & Siegel, 1986, p. 71). The goal of therapy is then to "alter the way a problematic system maintains its organisation through processes of change." (Keeney, 1983, p. 177). To create this change of change, the therapist has to offer the troubled system a number of different meanings - multiple descriptions have to be injected into the system. Keeney, drawing on Bateson's evolutionary language, proposed the presentation of three communications: a voice that addresses the system's demand for stability (the demand for internal coherence), a voice that addresses the system's demand for change (the demand for the selection of the random something), and a voice which introduces a meaningful Rorschach

(the demand for the infusion of the random, arising out of the available genetic possibilities, and the interaction between phenotype and external environment).

In explicating the notion of a "meaningful Rorschach", Keeney (1983) suggested that the process of therapy is, like the processes of learning and evolution, stochastic. As such, the new derives partially from the random. "The leap toward a structural change necessarily requires that there be something 'new' from which to create an alternative structure" (Keeney, 1983, p. 170.) Keeney (1983) referred to Bateson (1979) who, following Ashby's rule argued that adaptive change is a stochastic process which requires both a source of the random, and a source that selects which random components will survive. A requirement of therapy is thus the introduction of a random source. Keeney (1983) named this source a "meaningful Rorschach" (1983), or "meaningful noise". Thus, if the system is to change the way it changes in order for it to retain its stability, its coherence, then a source of the random has to be injected into it. This random source can derive from anywhere - a creative therapist, a creative family member, a fly on the wall (interpreted metaphorically of course) - it is a random noise of meaning deriving from a random source. However, Keeney warned that if this noise is to make the difference that will make the difference, it must be meaningful, it must afford internal coherence. That is, it must connect with that arc of the system that pulls it back to what is known and safe (even though not necessarily useful), and with that arc of the system that draws it towards the unknownness of change. These two arcs must then be framed into a circuit of meaning that connects with the histories of each family member, and the history of the family itself, and with those differences (in the Batesonian sense) that are perceptible to the family members. That is, the frame must derive out of information that contains latent difference within that particular family context, and can thus be meaningfully distinguished. Keeney described this type of communication as follows:

The task of introducing noise in therapy can be likened to that of presenting a "Rorschach" to the client. Not just any Rorschach will do; the client must assume that there is meaning or order in it. His search for meaning will then generate new structure and pattern. A part of therapy must always be presenting meaningful Rorschach which clients (and sometimes, therapists) believe to contain "answers" and "solutions." These Rorschach may be constructed from family history, cultural myth, psychobabble, religious metaphors, stories about other clients (fictional or not), and so forth. (p. 170)

To recap, following on from Bateson (1972, 1979), Keeney and Siegel (1986) argued that in order to change the way the system changes in order to remain the same, in other words, in order to alter the way the system maintains its stability by constantly adapting to its context, a source of something new and random must be injected into the system. If this random noise is to be meaningful, that is, if it introduces a different organisation into the system and the system maintains its stability in ways that are more functional for the members of the system, this noise has to address the multiple and paradoxical communications generated in the system at various levels of recursion. As such, one level may address the present configuration of problematic behaviours in terms of the here and now meanings associated with the familial behaviours. Another level may connect the problem behaviour to the stability of the numerous family traditions, that is, how the patterns of organisation in the present family maintain the stability of set family myths. A further important level concerns future projections, that is, the constructing of a frame that accounts for all of the preceding ones in looking at the potential positive and negative repercussions of both change and of stability.

Keeney and Siegel (1986) included in their model the delivery of a therapeutic prescription which connects all of the levels of meaning addressed throughout the therapy encounter. As with the Milan Associates, the examples that they cite in their work reflect a paradoxical flavour to the prescription and I would argue veer dangerously into a first-order therapeutic stance. Once again, I would argue that this reflects a carry-over from the historical baggage of the original coupling of the cybernetic and communicational metaphors. While this prescription might be a useful tool in the given model, I have successfully used the model on numerous occasions without prescribing a specific intervention. The way in which I have used this model is to hint at possible and varying prescriptions, often peppering this with humour. I will thus preempt what I will say with "I am tempted to suggest that you do the following. The reason I suggest this odd idea to you is that ..." and I then discuss with the family or client my rationale for the idea connecting to all of the arcs presented in the therapy looking usually at the positive consequences of change and no change. I thus use paradox without the drama, without the sting - without sitting in an expert chair. I share the paradox (possibly diffusing it thereby), but avoiding at all costs disempowering the client system with my temptation to act the expert delivering the veiled and mysterious paradox.

For example, I saw a woman in therapy whose presenting problem was her "lack of libido". She said that she had never enjoyed sex, and had endured this aspect of her marriage

for the first six years. However, over the preceding eight months, she had been unable to engage in any sexual activity whatsoever. Not surprisingly, this had become a source of tension in the marriage. Over the first few sessions, I learnt that her lack of interest in sex had increased at the time that her son, their only child, was born five years before. In discussing her family of origin, I learnt that her parents' marriage had ended in divorce after her mother had had an affair and left her father for this other man. She (the client) had unfortunately witnessed her mother kissing the lover before any of this had become public knowledge. This witnessing of the scene occurred when the client was 12 years old - around the onset of her entry into adolescence, and her own sexuality.

Once I felt sufficient rapport had been established between the two of us, I ventured to offer her the following suggestion: "Sometimes, I am tempted to tell you to carry on being asexual. (Present the paradox through prescribing the symptom.) because then you would be able to once and for all protect your family against the havoc your mother created in your family with her sexuality. (Diffuse the paradox by explaining my thinking.) If I were to encourage you to be asexual, then you could continue protecting your family from this ultimate destruction. (Present the positive consequences of no change in the service of stability.) But I would be encouraging you to live a very lonely life without the joy of intimacy, and with the possibility of divorce. (Negative consequences of no change.) Perhaps we could look at ways in which you could think of your sexuality as being unthreatening to the survival of your family. (Positive consequences of change of change.) I understand that this is something that is new to you, and I don't expect that you will find it easy to rediscover a part of you that you chose to disinherit at the age of 12, the age that you witnessed your mother's affair." (Negative consequences of change of change.) The meaningful noise hopefully derived out of the historical backdrop offered with regard to the mother's affair - this seemed to me to be a central theme in the client's portrayal of her history, and was thus 'internally coherent'.

It thus seems that the process of distinguishing multiple frames of reference that address the dialectic of stability and change is often enough to invite difference in the client system. Yet for Keeney and Siegel (1986) at this point, the strategic prescription remained. This issue was addressed by the third generation of Milan Work, led by Boscolo and Cecchin. Their work opened the door to therapy without the prescriptive curtain call, and I would argue, represents the first 'truly' second order model. However, even though Keeney and Siegel's (1986) model included the delivery of an intervention, their work represented a shift for me out

of the strategic mould maintained by the Milan Associates in that it addressed at the level of theory, the cybernetic repercussions for the whole system of the meanings generated in the therapy room per se, separate from the impact of the behavioural prescription.

As with the first generation Milan team's description of family rules, and the second generation Milan team's use of the hypothesis, Keeney and Siegel's (1986) concept of meaningful noise represents a further move into the domain of meanings, and out of an exclusive focus on behavioural patterns. Certainly, it also presents ways of punctuating the systemic setting which extend beyond Haley's (1959, 1963) communicational model. Thus, in terms of my argument, Keeney and Siegel (1986), in interacting in the domain of meanings, directly addressed the category of the systemic setting, the organising principles which constrain behaviours. This position represents a point of departure away from the first-order therapists who attested, in their flight out of analysis, to be concerned only with the shifting of interactional patterns in the domain of behaviour. If the setting shifted, that is, if the set of family ideas changed, it was simply an added benefit, but never the focus of intervention. Interestingly, however, in terms of Keeney and Siegel's formulation, the therapeutic intention was to facilitate change of the way the system changes in the maintenance of its stability. This position seems to forward a therapeutic stance which is not concerned with the category of the setting itself (where the setting maintains the stability). However, where Keeney and Siegel spoke of *the maintenance of stability*, I would argue that this stability refers not to the specific *category* of the systemic setting, but rather to the ongoingness of the system, to the survival of the family as a family, in an unspecified steady state. Furthermore, to return to the evolutionary model, in the shifting of any given setting, the system is limited by its 'genetics', it can only arrive at an alternative setting which is internally coherent. To resort to tautology, it can only become what it potentially can become. It cannot arrive at a setting which accords with the descriptions specified by the therapist. Finally, while I have focused on the manner in which Keeney and Siegel enhanced the groundwork, laid by the Milan Associates, for work in the domain of meanings, it would be remiss to not reiterate that aspects of this body of work, most specifically the continued employment of the prescription, constituted therapeutic perturbation in the domain of behaviours. That is, this work did not represent an exclusive focus on the domain of meanings.

The domain of meanings was formally addressed in therapy by Boscolo and Cecchin (in Boscolo et al., 1987) after the split of the Milan Associates into two groups. It was my encounter

with this work that began the therapeutic journey that was congruent with my personal assumptions about therapy, and through which I began to evolve an articulate therapeutic voice.

The Milan Associates : The Third Generation

In 1980 the Milan group split:

Boscolo and Cecchin split off to form a training institute while Selvini-Palazzoli and Prata concentrated on research. The two women continued to go in a more and more strategic direction, evolving a theory of 'psychotic games' that was not very flattering to families. (Hoffman, 1990a, p. 17)

Boscolo and Cecchin moved increasingly farther away from the strategic emphasis of the earlier model. Their comment on the manner of ending a session exemplifies this move:

In the early days, the family would be 'paradoxed' with a prescription telling them to continue with the symptom or some related behaviour because it benefited other people or was useful for the whole family. This was called the "sacrifice intervention"...This kind of message acted as a negative connotation because the recipients of such generosity rebelled angrily and the giver ducked to avoid reprisals...In later versions of this intervention, instead of placing a child in the service of the parents' happiness, or a wife in the service of her husband's well being, it began to seem more 'neutral' to place all the behaviours related to a problem in the service of a shared premise, value, or myth. (Boscolo et al., 1987, pp. 15-16)

This shift in therapeutic process is evident in their replacement of the positive connotation with what became known as a 'logical connotation'. While Milan's positive connotation was an improvement on Haley's (1959) negative connotation, which served in effect to blame particular members of the family system, the positive connotation, in its attempt to move out of the position of rebuke, implied that the entire "family 'needed' a symptom, or even that the symptom was 'good'" (Boscolo et al., 1987, p. 16). The logical connotation represented a move away from the adversarial stance of fighting to change the system into a position of attempting to understand the system, believing that the way it all fits together really does make

sense. The influence of Bateson is apparent here with regard to his admonition that in any kind of system, one tends towards viewing only partial arcs. The logical connotation, with its emphasis on using a wide angled lens in establishing the fit of the family with the symptom, mitigates against the epistemological and therapeutic error of a 'partial arc focus'. According to Boscolo et al.:

There is no need to say that a problem is useful, beneficent, or functional - only that people have gotten used to it and that such habits are hard to break. In this way one avoids seeming to approve of some terrible symptom, which the family perceives as sarcasm, in favour of suggesting how meaningful it is in context, how understandable and by now perhaps necessary. A family that accepts such a consideration finds it much harder to keep its old ideas about the problem intact and is often freed up to search for an alternative for the symptom that answers that same dilemma but less destructively. There is no hint of 'paradox' about such a suggestion. In fact, the entire vocabulary of 'paradox' is being used less and less. (p. 16)

In terms of my argument, this can be seen as a move into a position where there is an acknowledgement of the fit between the domains of behaviours, and of ideas. The behaviours, or repeated interactional sequences of the family fit within a particular context of ideas, that is, in terms of the systemic setting.

The move away from a paradoxical therapeutic stance impacted on the use of ritual as well. Initially, rituals were laced with paradox in instructing the escalation of symptomatic behaviour. This represented an attempt to highlight the ways in which the symptom was in the service of all of the members of the family, thereby diffusing its potency. A second type of ritual, the kind Boscolo and Cecchin (Boscolo et al., 1987) moved increasingly towards, served to diffuse the potency of the interactional double bind (two simultaneous, conflicting directives) in the following way: both directives were given to the appropriate family members, but instructed to be carried out at different times. The directives can thus no longer simultaneously disqualify one another, and the paradox (with its associated difficulties) is dissolved. To use the example of a woman who experiences two instructions, to mother her own children and simultaneously be the child of her own mother such that the one directive disrupts the relational patterns of the other directive. In such a case, the bind would be untied through directing her to be the child of

her mother on odd days of the week, and the mother of her child on even days. On the seventh day, she would usually be directed to "act spontaneously".

Another difference in Boscolo and Cecchin's (Boscolo et al., 1987) approach concerned the conceptualisation of the utility of the technique of circular questioning. Boscolo and Cecchin (1987) began to focus increasingly on the impact of the questions on the family, that is, *they began to understand the questions to be interventive in and of themselves*. They no longer ignored that arc of the circuit regarding the feedback process which involved the family members themselves. This perspective challenged the need for the delivery of a prescriptive message at the end of the session at all. I will offer the transcript below as an illustration of this idea. This family came to therapy under the mother's instruction. She told me that she could no longer live in a house where "there was so much tension all the time". This constricted conversation was presented as circling around fear of the father's anger. The father had never physically abused any of the members of the family, but was reportedly volatile and quick to anger. As such, the members of his family (the mother and three adolescent daughters) "tiptoed" around him. He in turn reported an increased feeling of alienation in his family - a sense that "no-one really *spoke* to him anymore'.

- Q: Mandy (oldest daughter), who would you say is most afraid of Father's angry voice?
- A: Tina. (The middle child)
- Q: Tina, who is the most careful to protect Father from becoming angry?
- A: Mother
- Q: And who next?
- A: Myself
- Q: What is it about Father's angry voice that you fear so deeply that you feel you must protect him from it?
- A: When he is very angry, he shouts and then he becomes very silent. Usually he goes to work in the garage after that and can stay there the rest of the day.
- Q: Which is harder for you, when he shouts, or when he withdraws to the garage?
- A: When he goes to the garage.
- Q: Why? (Silence).
- Q: Mandy, do you know why it is harder for Tina when Father goes to the garage than when he shouts inside the house?
- A: Because she's scared he'll kill himself.

- Q: Do you think he might choose to kill himself when he is alone in the garage?
- A: Yes, we all do.
- Q: Who differs on this point of father's intentions in the garage? (Silence. All the women are crying - through my eyes, they look relieved at having voiced the unvoicable. Father is very quiet.)
- Q: Father, did you know that your family are afraid that you will take your life?
- A: I had no idea.
- Q: Mother, were you afraid that Father's angry voice might mean he would take his life from the beginning of your life together, or was there a specific point in time at which this idea began to concern you?
- A: It wasn't a worry from the beginning, it was from the time that his father killed himself.
- Q: Was he similar to his father, or different from his father?
- A: He always has told me how similar he is to his father.
- Q: Are you similar to or different from your father?
- A: In many ways I am similar to him, I have his temper. In fact I always think of him when I am angry. And sometimes, when things are really bad, I do think of ending it all, but I think everyone has those thoughts from time to time. It's not something I consider seriously.

A great deal of room was then opened to explore the various meanings the suicide of the grandfather had had for all of the members of the family, including the father. Previously, there had been an unspoken rule against discussing this tragedy. It became evident that the family associated the description of the shared trait of anger to include the shared trait of suicidality. Thus the evocation of any anger suggested the possibility of suicide and the family tiptoed around father (who indeed did show a bad temper) as a life-saving endeavour with the effect of cutting off any 'real' communication. Further, ways of evoking grandfather's memory, without duplicating his trait of anger, were explored by father.

The questioning itself thus reveals the fit of the symptomatic behaviour in the family without the therapist having to spell it out in a final message. Furthermore, the questions, in their scan for differences, evoke information which destabilises the entire system, thereby generating the possibility of a more useful maintenance of stability without the need for a prescriptive intervention. That is, the setting of the family was disrupted within the domain of meanings, and not through behavioural interventions. In assuming this position, the work of

Boscolo and Cecchin (Boscolo et al., 1987) moved the theory around circular questions completely out of a first-order perspective. To reiterate, I argued that the initial conceptualisation, while introducing the Batesonian notion of circular causality, failed to address an important arc of the feedback circuit, namely, the effect of the questions, and the information generated, on the family members. It remained an assessment procedure in conceptualisation, and as such there remained the need for an intervention. Furthermore, the communicational model of Haley (1959), which had dominated the work of the first generation, had not been entirely relinquished by the second generation. The intervention thus often drew on the language of paradoxical strategies in its formulation. The manipulative flavour implicit in this therapeutic stance evoked a power metaphor which is discordant with a second-order, Batesonian call for a circular and thus unhierarchical interactional position. However, the position that Boscolo and Cecchin (Boscolo et al., 1987) brought into the field with this third generation of work was congruent with a second-order position with no invitation offered to metaphors of power.

This paradigm shift out of an exclusive focus on therapeutic activity in the domain of behaviours is evident in yet another aspect of their later work, that is, their direct focus on the meanings invoked by clients in therapeutic encounters. To reiterate a point made previously with regard to Selvini-Palazzoli's adherence to a strategic stance, the earlier cyberneticians, exemplified by the work of Haley (1959) and the work of the Mental Research Institute (1974), arose out of a context which was in effect a rebuttal against the psychoanalytic model. The assumption upon which the psychoanalytic model rests is that insight can invoke internal, psychic change. Insight in turn is transmitted through the rendering of an accurate therapeutic interpretation. The therapeutic process is thus focused on the conversation between analyst and client with the analyst in pursuit of *the* interpretation, and the client in pursuit of reparative insight. The founding figures of the family movement, in the evolution of their cybernetic paradigm, moved away from all things internal, focusing instead on the external, behavioural manifestations of systemic interacting. They reversed the psychoanalytic assumption that insight brings change, to the position where change (in interactional patterns) will bring with it insight (Boscolo, et al., 1987). Ideas, meanings, myths, premises - all 'internal' goings on were all but taboo. I have argued that the Milan notions of family rules (first generation), and of the hypothesis (second generation), and Keeney and Siegel's (1986) notion of meaningful noise, represented the earliest reinvitation to meanings in the family therapy field. However, with this

third generation of work, Boscolo and Cecchin (Boscolo et al., 1987) returned meanings and myths to centre stage.

The two theoretical sources which had been so instrumental in the evolution of their working model certainly invited a shift away from an exclusive focus on behaviour. These sources were: firstly, Bateson's (1979, 1972) focus on mental process and his associated focus on ideas (transforms of difference in the jump from territory to map); and secondly, the work of radical constructivists, von Foerster (1981) and Maturana (1987) whose work is premised on the assumption that knowledge of the external world is contingent on the observer. In response to both sets of influence, "ideas, beliefs, myths, values, perceptions, fantasies, and other such 'internal' productions ... [came] out of exile and [were] once more in fashion" (Boscolo et. al., 1987, p. 19). Accordingly, Boscolo and Cecchin (Boscolo et al., 1987) attended increasingly to the premises or myths that circulate in and constrain family interactions inviting the family to organise itself in terms of a new meaning set, in terms of a new organising principle. Their work at this stage was thus conclusively (although not exclusively) concerned with the category of the systemic setting. The cybernetic metaphor was finally definitively divorced from the communicational model in terms of describing the content of the systemic setting, and in terms of informing the mode of therapeutic activity, and was coupled with an alternative descriptive set concerned with meanings and myths.

One can thus track a development from the *negative connotation* of Haley (1959), where the symptom bearer was in the sacrificial service of the parental injunction; to the *positive connotation* of the Milan Associates (Selvini-Palazzoli et al., 1978, 1980), where the symptom was in the service of all of the members of the family and even while painful, was construed as positive; to the *logical connotation* of Boscolo and Cecchin (Boscolo et al., 1987) where the symptomatic behaviour fits with particular family myths or premises (the behaviour coheres with the systemic setting). That is, for Boscolo and Cecchin, the symptom serves the family myth. No-one is asked to bear the burden of guilt. Only the myth need be explored and replaced by a more useful organising principle, a more useful systemic setting.

I will use the example of a child in a family of super achievers to present all three epistemological frames. The child, exceptionally talented herself, presents with depression and school refusal. The family might be organised around the idea that they have to be perfect in the eyes of all who behold them: In terms of Haley's (1959) formulation, the child would most

probably be seen as the 'sacrificial lamb' whose symptomatic behaviour protects the marital couple from their own internal strife. In doing so, she allows them to maintain the fantasy that they are perfectly happily married with only this one 'black sheep' a source of unhappiness. The therapist working in this paradigm might then say: "We would like to commend you on your sterling attempts at keeping your parents' marriage harmonious through keeping them so busily focused on your difficulties. They are so busy worrying about you, that they have no time to sort out their own private difficulties. They can thus succeed in their important task of presenting to themselves, their children, and the outside world, that they are happy with and committed to one another. We think that for now, it is important for you to carry on with this momentous task. Under no circumstances should you even consider ending your sadness, or returning to school."

In terms of the positive connotation, the therapist might instruct the child to continue with her school refusal and show of depression because "it seems to be important to you, and to your family, that you appear to be a perfect family. Now if you behave like a perfect child, perhaps you are afraid that your parents will have no worries to keep them connected with one another, and that might seem to you to be less than perfect. We aren't sure when you decided that the family's balance and perfection weighed so heavily on your relatively narrow shoulders, but since you did choose this calling, and since you seem to do it so well, we will recommend that you continue in the same way, and that your family continue to support you in all of the ways that they do."

In terms of the logical connotation, the daughter may be presented, not as the triangulated protector of the marital relationship, but as the one who is brave enough to attempt to dispel the organising myth around perfection. The family can be encouraged to organise itself along a different premise where imperfection is not only tolerable, but presented as a sign of healthy flexibility. Imperfection can become a source of delightful experimentation. The daughter is then freed from having to constantly fight the myth of perfection. No-one is implicated - the family is in the service of the *myth*. Everyone is freed to seek a different pattern of interaction in terms of a different organising principle.

The work of Boscolo and Cecchin (in Boscolo et al., 1987) thus represented for me the first decisive move away from a first-order therapeutic position. Their work constituted a shift out of the communicational based 'game' metaphor, with all of its associated connotations around winning through creative strategy. It represented a move away from a direct, technical

involvement with coalitions and from the analysis and modification of power relationships (Golann, 1988). The therapist can no longer consider her role to be that of 'fixer', or 'changer'. The therapist is finally dethroned - power ceases to be a usable commodity. In exchange, the new model accords with second-order cybernetic principles. The 'game' metaphor is replaced with a 'discourse' metaphor. The hitherto locked door on meanings, ideas and premises is reopened in the context of a co-evolved conversation. The therapist becomes a co-participant in a collaborative endeavour. In terms of my argument, the systemic 'setting' which persists in the domain of meanings, is resurrected as a sphere inviting perturbation.

I have spent a large portion of this story describing the work of the Milan Associates. I did not, at the outset expect this long treatise. In the untying of their epistemology, I became increasingly aware of the ways in which my own epistemological struggles were reflected in theirs. I feel as if the journey that I travelled in the Unisa department mirrored in many ways the journey that their epistemology took. I do not know whether or not this was the intention of my trainers. I do know that much of the journey was very uncomfortable and for many months I forced myself to become accustomed to using a voice that was not my own. For all of the time that I played with undiluted paradox, that is paradox used in a very strategic way, I experienced a certain discomfort. But I did not allow myself the luxury of trusting my viewpoint. I was confused as well by another phenomenon - paradox was exceptionally powerful, I saw that often (not always) it worked! Hoffman (1985) in an article entitled "Beyond Power and Control: Toward a 'Second Order' Family Systems Therapy", provided the answer I had been seeking. According to Hoffman (1985), the technology of paradox works:

not because the client has a defiant streak that has to be dealt with by indirect suggestion, but because these are all ways the therapist tries to remove the attribution of fault buried in any attempt to elicit change, thus allowing clients the freedom to explore their own alternatives. (p. 392)

This explanation allowed me to make sense of the utility of paradox outside of the power metaphor. With a different descriptive frame, one more coherent with my evolving epistemology, I could begin experimenting with using paradox in accordingly congruent ways. Hoffman concluded the above statement with the following admonition: "The danger in using these moves purely as a technology is that the therapist then operates from within a strategic

mind-set" (p.392), a mind-set founded on a first-order cybernetic position. I had indeed played with, and fallen prey to that very danger, for most of my two years in the Unisa department.

My reading of the work of Maturana (in Maturana & Varela, 1987) certainly facilitated an alternative understanding around my above mentioned therapeutic position, and it is to his theory, as well as that of Dell's (1982), that I shall now turn. As with the work of Bateson (1972, 1979), I needed to be in a context in which I could make use of this epistemological 'news of difference', and my internship experience provided such a context. The epistemology of Maturana (Maturana et al., 1987) is evident in the work of a number of clinicians who followed the path cleared by Boscolo and Cecchin (Boscolo et al., 1987) out of the adversarial paradigm of strategic therapy, into a discourse model consonant with the values of a second-order cybernetic perspective. Hoffman (1990a) refers to this body of work as the post-Milan teams. I shall look first at the work of Maturana, and then at the work of Dell.

The above notwithstanding, I would argue that most of the important ideas introduced by Maturana (and interpreted and introduced into the field largely by Dell [1982, 1985]) can be found in the work of Bateson (1972, 1979). I believe it was the second generation Milan team's misleading use of Bateson's cybernetic epistemology that disrupted my application of Batesonian principles in therapy, thus necessitating my reintroduction to these principles through another body of work. Further, I would argue that this confusion was intensified by Hoffman's (1981) work entitled *Foundations of Family Therapy*. At this stage of Hoffman's evolving epistemology, she equated Milan (second generation) with second-order cybernetic principles and clearly endorsed the use of strategic type, paradoxical interventions (as did the second generation Milan Associates) as falling under a second-order cybernetic perspective. Against this backdrop, reading Maturana (in Maturana et al., 1987) resurrected the themes in Bateson with which I had connected most powerfully at the very beginning of my journey with his work as well as the multitude of questions and feelings of discomfort I had had with strategic type work (in whatever disguise). It was thus through making sense of Maturana, combined with my internship experience, that I finally absorbed the idea that as therapist, one contains no 'magic changing potion', and that believing in one's therapeutic power in a linear sense is epistemologically discordant with second-order cybernetic principles.

I thus now return to my distinction drawn at the start of this chapter between first- and second-order cybernetics, and the dual roads which led to the same second-order destination. I

track the ways in which the biological constructivists challenged the application of first-order black box principles to living systems to arrive at a second-order model for living systems. I shall focus on the work of Maturana in presenting these ideas.

The Biological Constructivists

According to Hoffman (1990a) the field of cybernetics underwent a rift in the late 1970's. A small group of dissidents including Bateson, von Foerster, Maturana, Varela, and von Glasersfeld, challenged the first order description of *living* systems as governed by error-activated feedback loops *which could be programmed from the outside*. Von Foerster proposed a second-order cybernetics in terms of which "living systems were seen not as objects that could be programmed from the outside, but as self-creating, independent entities" (Hoffman, 1990a, p. 5). This distinction between allopoietic (non-living) and autopoietic (living, autonomous) systems demanded a move away from those models of family therapy that view therapy in terms of a specified goal which will achieve behaviour change. According to Hoffman:

A first-order view in family therapy would assume that it is possible to influence another person or family by using this or that technique: I program you; I teach you; I instruct you. A second-order view would mean that therapists include themselves as part of what must change; they do not stand outside. (p.5)

According to von Foerster (1981), objectivity is not available to any of the parties of any system, not even the observer. Von Foerster based this claim on research that he did on neural nets in the brain (Hoffman, 1985). He argued that perception, or learning, is not a process whereby the brain maps the pictures of the outside world onto specific structures of itself. Rather, in learning, the neural nets construct a stable reality by registering "edges or sharp transitions, not only at sensorial surfaces but at any level within the brain" (Hoffman, 1985, p. 384). This thesis closely mirrors Bateson's (1979) contention, outlined above, that knowledge (of 'reality') is the perception of difference. However, Bateson and von Foerster (1981) differed on a subtle level of degree. Hoffman (1990a) described how Von Foerster would often begin a talk quoting Bateson's (1979) contention that the map is not the territory. Von Foerster would gleefully disagree stating that the map IS the territory. Clearly, not in the sense that the map mirrors the territory closely enough to be interchangeable therewith, but in the sense that we

have access only to the map. The map is our only reality. We can only know the images computed by our neural nets.

Given the recursive connection between observer and observed, "a description of a family system would provide information mostly about the observer or observing system ...(and thus)... emphasis moved away from representational description and toward the interpreted realities brought forth by the observing system" (Golann, 1988, p. 55). Further, in that the observer "perceives the world through the lens of culture, family, and language, the resulting product represents not something private and self-contained but an `observer community'" (Boscolo et al., 1987, p. 14).

Maturana

Maturana, a biologist, supports the radical constructivist position of von Foerster. Maturana's (in Maturana et al., 1987) theory derived out of research done on the physiology of vision. He and his coresearchers investigated the colour vision in the frog. The data arising out of the series of experiments performed challenged the previously unquestioned assumption regarding a relationship between the object to be perceived and the picture encoded by the retinal cells. In response to this apparent experimental failure, Maturana began questioning whether there really was any correspondence at all. It seemed possible that the retinal cells activate the brain cells in a closed internal loop. That is, the retinal activity might occur entirely within the nervous system, with no input from outside other than some sort of general triggering (Hoffman, 1985). "Serious consideration began to be given to the possibility that the activity of a nervous system (Maturana et al., 1968) was determined *by the nervous system itself and not by the external world*" (Leyland, 1988, p.359).

In accordance with this line of questioning Maturana (in Maturana et al., 1987) devised an ingenious experiment with a newt. He rotated the newt's eye 180 degrees and then placed a moving insect in front of it. Instead of jumping forward towards the insect, the newt jumped completely around attempting to catch the insect as if it were behind it. The experiment was carried out repeatedly with the same effect. Certainly, "this seemed like a compelling proof of the self-enclosed nature of the nervous system that Maturana had postulated" (Hoffman, 1985, p. 384).

This manner of experimentation was coupled with discoveries that the nervous system is unable to distinguish perception from illusion at the moment of hallucination. An external mediator is needed to effect the distinction. A simple, every-day example of this occurs when we look at our reflection in the mirror. The size of the reflection certainly seems equal to our knowledge of the size of adult heads. However, if one marks the reflection from crown to chin, and then measures the distance, the size is surprisingly smaller than the distance measured on the head proper. The reflection offers the illusion of sameness, and the discrepancy is inconceivable unless using the aid of external measuring instruments.

Combining the information generated out of these two classes of experiments, Maturana and his colleague, Varela (in Leyland, 1988) concluded that:

the nervous system responds to the environment in a manner determined by its own self-referring organization and structure, and not in a way determined by external stimuli. Living systems, most complex ones indeed having a nervous system as a major component, seemed to be determined by their own circular self referring organization. Maturana concluded that this circularity of organization was the fundamental characteristic of a living system, and "it is this circularity that it must maintain in order to remain a living system". (p.359)

Maturana and Varela (1980) used the term 'organizational closure' to reflect this circular organisation of living systems. That is, living systems can receive no information because of the self-referring manner of their organisation. The notion of organisational closure directly implies the notion of autonomy (Dell, 1985). That is, "Each living system has its own autonomous individuality because the nature of its structure fully specifies how the system will behave under any and all interactions" (Dell, 1985, p.6). The term 'autopoiesis', derived from the words 'auto' (self) and 'poiesis' (creation), was coined to define living systems as self-creating. In contrast, the term allopoietic was coined to define non-living systems, which operate in much the same way as the first-order cyberneticians description of systemic black-boxes, namely, as programmable from the outside.

The notion of organisational closure certainly dissolves all conventional explications of perception. Perception here refers to the triggering of an information system which is operationally closed and folds recursively back upon itself (Hoffman, 1985). The reality we

perceive is thus entirely self/observer dependent and it becomes impossible to delineate a separate observed system. We can only know the world through the lenses of our structure. The observer cannot be separated from the content of observation and one can speak only of an 'observing system'. As such, 'anything said is said by an observer', and the term 'objectivity' is always contained in parentheses. As mentioned above, the point of distinction between first- and second-order cybernetics centred around this punctuation of the 'observing system'.

Structure Determinism and Non-instructive Interaction

In that living systems interacting with 'information' respond in terms of their own structure, they are structure determined. That is, "The overall organization of a living system is maintained by the circular process of constant self-referral, and as such the changes it undergoes are determined by its own organization and structure" (Leyland, 1988, p.360). For example, when a mother offers the breast to her suckling infant, the act of offering does not cause the infant to drink, and then grow. The infant will be disrupted by the triggers of smell, and touch present in the breast but will *respond* in terms of the internal messages which accord with her autopoietic organisation. The breast does not cause the infant to drink, the infant 'knows' because of her autopoietic organisation how to respond with suckling behaviour to the offered breast, and how to make use of the milk for growth. As such, a system can only undergo change that is determined by its own organisation, and not by the characteristics of the intruding context.

In terms of the above, interactions between autopoietic systems can thus never be explained in terms of linear, causal relationships where A causes B to respond in a predictable way. Rather, interacting systems constitute mutual disturbances. Each interaction constitutes a stimulus which demands a response. However, the stimulus can act only as a trigger to the respective systems whose response is determined by each system's own organisation. This conceptualisation repudiates the concept of 'instructive interaction'. If systems acted in terms of external instruction, change would be a result of the properties of the source of instruction. The end point of this line of reasoning would have to be that all systems would respond to the same source in the same way. That is, "if systems were instructible they would all achieve the same state under the same perturbations and would be indistinguishable" (Leyland, 1988, p. 361). Maturana's concept of structure determinism thus allows for the recognition of individual

distinctiveness while at the same time mitigating against any linear formulations regarding the derivation of that distinctiveness.

It is thus apparent how the biological constructivists arrived at a second-order understanding of systems where a line cannot be drawn between observer and observed system, and the observer cannot be understood to be the source of change in another system. This conclusion was arrived at through research into the biology of the nervous system, a different path from that travelled by the second-order cyberneticians who remained in the domain of feedback loops, moving to a consideration of increasingly higher orders of recursion.

Structural Coupling

The very radical notion of organisms as informationally closed, and thus structure determined, threatens to plunge the human race into a solipsistic universe of internal perceptual constructing and restructuring. However, Maturana's (1987) notion of structural coupling responds to this solipsistic threat.

Although the structure and change of a system is determined internally, systems do engage interactively with the medium in which they exist. Maturana (in Dell, 1985) terms this manner of complementary interaction 'structural coupling' and argues that the organism's capacity to be coupled to its medium "is a constitutive condition of existence for every unity" (p. 12). The survival of the system is dependent on its ability to interact effectively with its environment, that is, the system must be 'coupled' to its medium. As such, Maturana equates structural coupling with existence, with survival.

The capacity for structural coupling, and for the associated structural change indicates that in terms of this model, structure is not static. Indeed, for Maturana (in Dell, 1985), "Structure alters with every interaction that it undergoes...dynamic living systems...are constantly undergoing changes in their components and the relations among those components" (p. 7). Further, the more complex an organism, the more plastic is its structure. That is, the greater internal variety obtains in the organism's structure to be drawn upon in the coupling of structure with medium.

As such, even while describing organisms as informationally closed, the notion of structural coupling in combination with the notion of structural plasticity allows for the notion of interactive effect. Leyland (1988) presents this point in an unusually 'reader-friendly' way:

Through the process of structural coupling, the autopoietic conduct of A. becomes a 'perturbation' (disturbance) for B., and the compensatory behaviour of B. acts in turn as a 'perturbation' for A., whose compensatory behaviour acts again as a 'perturbation' for B., and so on recursively. Yet the actual behaviour of A. and B. is determined by the respective structure of A. and B. (pp. 362-363)

Thus, the perturbation of the other invites a response which, while internally dependant, will alter the future conduct of the organism. The above ideas, namely of structure determinism and of structural coupling, as applied to the therapeutic encounter might be represented diagrammatically as in Figure 5.3 below.

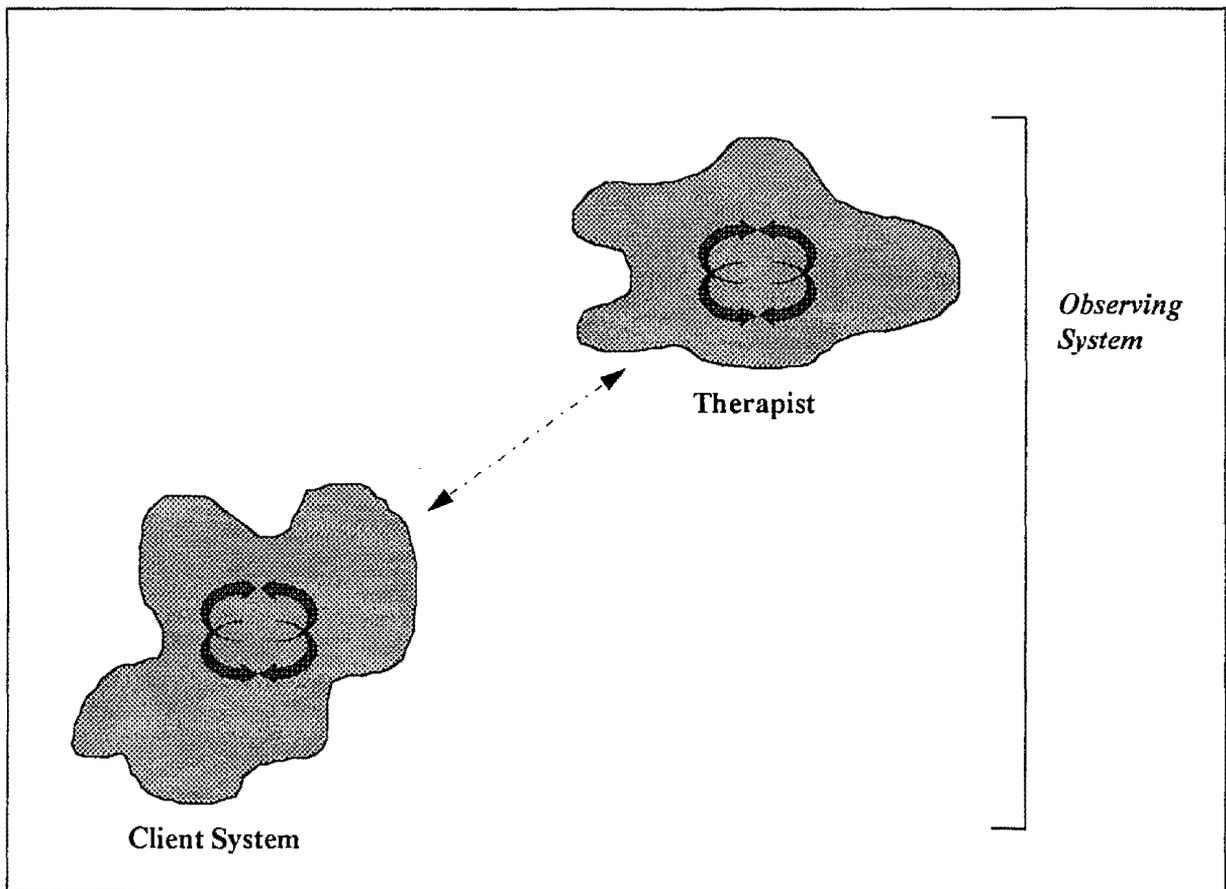


Figure 5.3 Second-order 'biological' observing system

Maturana and Language

Maturana's (in Dell, 1985) notion of the structure-determined organism in structural coupling with its medium provides a consistent explanation of the evolution and content of human language. Language 'exists' at the intersection of system and medium (with other system), not inside our brains. It is a derivative of the coupling of highly plastic structure-determined systems with one another. It constitutes a specific class of coupling, namely, the co-ordination of conduct about co-ordination of conduct, or coupling around coupling. It is out of this interactive elaboration of structural coupling that the drawing out of distinctions emanates and objects arise. In terms of the discussion regarding structure determinism above, the distinctions that arise out of the co-ordination of conduct about the co-ordination of conduct, must cohere with the structure of the organism. This might imply that language is a solipsistic endeavour. However, languaging is circumscribed in two regards, it must cohere with the structure of the organism, *and* it must cohere with the process of structural coupling with its medium. It is thus not solipsistic. "My structural coupling with the medium is such that I cannot distinguish any grainicks (whatever they might be). My structural interaction with the medium does not allow such a distinction" (Dell, 1985, p. 16). That is, in the process of structural coupling, a *consensual domain* (a shared body of premises and ideas) arises which proscribes the variety of distinctions that may arise. Concurrently, we live, in language, in a *multiverse*, rather than a universe. This is so in that all of the distinctions drawn by any observer are valid only in terms of that observer's structure. There can be no observed, 'true' distinction, only as many distinctions as there are observers to observe.

With regard to my own evolving epistemology, Maturana's (in Maturana et al., 1987) description of living organisms as structure determined with the associated impossibility of instructive interaction 'perturbed' me immensely. It once again dawned upon me that *I could not change the system*. I could only perturb, and be perturbed, and then wait for an alternative, internally coherent structure to co-evolve. This line of reasoning took me back to my Bateson readings, and jolted me out of any vestiges of comfort I had unearthed with the use of paradox and the stance of power in the therapy chair.

Bateson and Maturana Compared: Similarities and Differences

Information

In terms of the theoretical consequences of the above discussion, Maturana and Bateson differ with regard to their epistemology around information. For Bateson, interactive effect between the constituent parts of *Creatura* is organised around relationship. That is, in order for information to be received, by for example a sensory end organ, there must occur a difference or a change between two things. As such, information is a difference or a relationship. However, for Maturana, living organisms are organizationally closed - they can receive no inputs and offer no outputs. That is, they *can receive no information*. In Maturana's world of autopoietic systems, *there is no information* (Dell, 1985). Said differently, in any context, "it is the system that specifies how it will behave, not the 'information.' The information has no existence or meaning apart from that given to it by the system with which it interacts...Thus, information can have no objective existence" (Dell, 1985, p.6).

This disparate conceptualisation of information impacts on one's understanding of the therapeutic process. For Bateson (1979), what perturbs the client system, is information that is a difference. That is, in employing a Batesonian epistemology in therapy, the content of the therapeutic perturbation is to some extent specifiable in terms of the concept of information. It was on the basis of this that the Milan technique of circular questioning, and Keeney's (1983) and Keeney and Siegel's (1986) model of multiple communications was built. Accordingly, in therapy, I often find myself seeking useful relational differences, or juxtaposing multiple descriptions and have consistently found this to be a useful source of perturbation. For Maturana (in Maturana et al., 1987), the tautology: 'a perturbation is that which perturbs' applies.

One might argue that this frees the therapist to do 'anything' (ethical) so long as it is seen to perturb and thus invite an alternative internally coherent structure. However, I sometimes find too much freedom to be limiting, preferring some kind of therapeutic focus. This is certainly a personal preference, grounded not in epistemology, but on therapeutic utility.

Maturana's Notion of Structure Determinism and Structural Coupling as Equivalent Ideas to Bateson's Notion of Genotype and Phenotype Plus Environment

Many of Maturana's core ideas are expressed in Bateson's (1979) neglected treatise on biological evolution. Bateson prefaced this discussion by stating that he was using "biological evolution as a parable or paradigm to introduce ...[later thoughts]...about cultural change and education" (p. 234). It would seem that this parable has been sorely neglected in the family therapy folklore.

Bateson (1979) argued that in the evolutionary process, the living organism is faced with two sets of injunctions that function in opposing ways. These derive out of firstly, the embryology (the developmental regularities and physiology of the living creature), and secondly, the interaction between the living creature (phenotype) and the environment. In this process of evolution, the interaction between the organism and the environment will propose certain adaptive changes to the organism. Whether or not the organism will be able to meet this adaptive proposal with appropriate change will be determined by the genetic potential of the organism. That is, the phenotype (in interaction with the environment) proposes change, and the genotype disposes of those propositions that are not genetically feasible.

I would argue that Bateson's (1979) description of the limitations set by the genotype is the epistemological equivalent of Maturana's (1987) notion of structure determinism, and that Bateson's (1979) notion of the phenotype in interaction with the environment, while not being equivalent to, corresponds with Maturana's (1987) notion of structural coupling. In the domain of a metaphor other than cybernetics, Bateson (1979) had again arrived at the second-order conclusion that instructive interaction (linear causality) is not epistemologically viable. This brings me to the third point of comparison.

(c) Circular Causality and Fit

Indeed, Maturana's (1987) replacement of the notion of instructive interaction with the notion of structural coupling, parallels Bateson's (1979) cybernetic focus on circular causality in favour of linear causality. Dell (1985) argued that Maturana's (1987) dual concepts of structural coupling and structure determinism are epistemologically more sound than Bateson's (1979) concept of circular causality. This is so in that it ensures a move away from any causality (linear

or circular), making way for the alternative notion of coherence or fit. This in turn mitigates against the epistemological error of believing in power, a belief rooted in causal assumptions. That is, in that a causality that involves instructive interaction is impossible given the structure determined organisation of living organisms, so too is control impossible (Dell, 1985). "Systems may be coupled to one another, (e.g., the mother who uses effective child-rearing techniques), but control (in the sense of instructive interaction) is ontologically impossible" (Dell, 1985, p. 11).

The distinction between the notions of mutual causality and of coherence or fit, was central to Dell's (1982) important critique of the metaphor of homeostasis.

Dell

In 1982, Dell published an article entitled "Beyond Homeostasis: Toward a Concept of Coherence", in which he tackled the notion of homeostasis, and the associated causal assumptions. He argued that the conceptual metaphor of homeostasis which has been so central in the development of the family therapy field, is riddled with epistemological error. Much of his argument is based on the Maturana's (1987) theory of the organisation of the living organism as discussed above, specifically the dual concepts of structural coupling and plasticity, and is chiefly concerned with the move away from causal metaphors, into metaphors of coherence and fit.

Dell (1982) argued that while the concept of homeostasis has been a cornerstone of the family therapy movement, and was "designed to account for the perceived stability of systems (and symptoms), ..[it]...is an epistemologically flawed concept that ..is fundamentally inconsistent with systemic epistemology" (p. 21). I would argue that the *manner* in which the concept of homeostasis and the associated notion of negative feedback was applied in the family therapy field were inconsistent with a second-order systemic position. Further, I would argue that this misinterpretation was fuelled by the coupling of the cybernetic metaphor with the communications metaphor, the latter inviting asystemic notions of power and linear causality. However, in contrast to Dell (1982) I would argue that the concepts of negative feedback, and what I term the systemic 'setting', are useful and cohere with second-order principles if one avoids the errors of application made by the first-order cybernetic theorists.

Dell (1982) argued that the notion of homeostasis has been mistakenly embraced as something which is real, the conceptual metaphor has been reified so that theorists have been able to say that 'the homeostasis causes the problem'. According to Dell this reification leads to the circular, and particularly unproductive argument, where 'the system (family) does not change because there is a homeostatic mechanism'.

Furthermore, Dell (1982) asked the following: If homeostasis is a concept which arose in an attempt to explain how systems remain the same, how can one then account for change, for those instances where the system does evolve an alternative organisation?

Finally, according to Dell (1982), systemic theory, with its focus on interconnectedness does not allow for any aspect of the system to be separate from or to act in any causal way upon the system. On this basis, Dell claimed that the way in which the notion of homeostasis has been applied in the family therapy field is incompatible with the systemic perspective. This is so in that the model as presented posits a separate mechanism which constrains the interactional patterns of the system in a linear, causal way. That is, Dell argued that, in reifying, and villainising the homeostatic metaphor, the system can no longer be conceptualised as a coherent whole, functioning in accordance with its organisation. Rather the systemic whole is dissected with the reified part controlling the rest:

In a system, by definition, components are interconnected. Accordingly, clear systemic thinking forbids talking of one aspect of the system as separate from and causally acting upon other parts of the system. To claim that homeostasis or negative feedback regulates that system is to fall into the error of dualistic, causal thinking - an error that plagues virtually all past and contemporary discussion of family homeostasis. (Dell, 1982, p. 23)

However, I would argue that in terms of the cybernetic metaphor, negative feedback (the mechanism through which homeostasis is maintained) cannot be considered to be an *aspect* of the system, rather, it *constitutes a description of the manner in which the system functions*. Negative feedback is endemic to the functioning of the system, it is not a separate element. Further, there is not a linear causal relationship between the negative feedback loop and the output of the system because just as the feedback impacts on the output, so too does the output have a bearing on the form that the feedback will assume. I presume that this is what

Dell (1982) meant when he said that homeostasis should be understood to be "the nature of the organization of the system as opposed to homeostasis being an aspect or part of the organization of the system" (p. 23). As such, I agree with Dell's conclusion in this regard, but contend that one can reach this conclusion and still speak about negative feedback.

Given the above, and the additional argument I offer below, I would diverge from Dell's (1982) analysis of the concept of negative feedback as *necessarily* "dualistic and nonevolutionary" (p. 27). Dell (1982) argued that:

Feedback is defined as the introduction of a system's output into part of its internal behaviour so as to 'correct' (i.e., negative feedback) or amplify (i.e. positive feedback) the behaviour of some target variable. This view of feedback, however, is confused for two reasons. First, it isolates one variable (the target variable) of the system from the rest. This is a dualism that assumes that the behaviour of the target variable is independent from that of the ignored remainder of the system. That simply is not so; if the target variable were independent, then it would not be part of the system! Second, this type of thinking assumes that what is fed back affects only the target variable and not the rest of the system....The essence of the problem with 'feedback' is that feedback affects the *entire* system, not just the target variable. Accordingly, *what is fed back may 'cause' the target variable to remain constant and, at the same time, may 'cause' the system as a whole to evolve...*In other words, the 'feedback,' which 'maintains' the target variable constant, 'causes' the system as a whole to evolve. Thus, at the level of the system, all 'feedback' is evolutionary. (p. 27)

The first point which critiques the notion of feedback as autonomously acting against the functioning of the system, was addressed above in my asserting that the notion of feedback constitutes not an element of the system, but a description of the organisation of the system.

With regard to the concluding point around evolution, it seems to me that Dell's (1982) description of the ways in which negative feedback, in maintaining a set target variable, invites evolution of the system as a whole, is another way of speaking of *changing the way the system changes* in maintaining stability. This idea was addressed both by Bateson (1979) and Keeney

(1983) in a way which was entirely coherent with cybernetic principles. Furthermore, throughout this story thus far, I have attempted to extend this argument to address *the evolutionary potentiality of the target variable itself* within a living system. This relates to Dell's (1982) second point above. Given the above quote, it would seem that Dell defined a target variable in terms of the behaviour of *one of the elements* of the system, as if constraining the behaviour of one element of the system is the target of the feedback. I would argue that the target variable refers to a broader notion of an organising principle in terms of which the system is constrained to function, or in terms of which, to use the language of Dell (1982), the system fits. This 'setting,' as I have termed it, persists at a conceptual level, in the domain of collective family meanings (which in turn derive out of the different levels of context of family meanings, cultural myth, religious ethos and so on). As such, in that this setting concerns an organising family principle rather than the functioning of individual systemic elements, it endures at a meta-level to the rest of the system. It can thus be presented as being simultaneously independent from (constraining the behaviour of the individual elements) and a part of the system (deriving out of, and being influenced by the behavioural interactional patterns in turn). As such, the notion of a setting maintained through the process of negative feedback (which is only a description of the manner in which the system organises itself) does not contradict the systemic notion of the interconnectedness of the elements of the system. Furthermore, conceptualised as such, these ideas do allow for a consistent explanation of systemic change, of evolution at the level of the setting of the system, in the domain of meanings and ideas.

It would seem to me that the ideas generated in Dell's (1982) critique of the notion of homeostasis were concerned principally with the consequences of a therapeutic methodology based in causal assumptions. According to Dell, in order for the conceptual shift to be effected from homeostasis presented as an element of the system, to homeostasis presented as a description of the organisation of the system, the non-systemic notion of causation needs to be replaced by the notion of fit where:

fit simply posits that the behaviours occurring in the family system have a general complementarity, they fit together. Causation, on the other hand, is a particular interpretation of fit that considers the observed complementarity to have the form: A causes B. (p.21)

Dell (1982) argued that 'clinical theorists' failure to distinguish between fit and causation has been a major contributor to the confusion regarding family homeostasis. Specifically, "there has been a recurrent tendency to assume that fit (i.e., complementarity) implies causation (i.e., circular causal, mutual causal, or even linear causal interactions)" (Dell, 1982, p. 22). "The problem is that systems theory properly entails noncausal fit, rather than linear or mutual causation. Thus, causal descriptions of homeostasis as maintaining the status quo or helping to keep the patient sick are epistemologically incorrect" (p.23).

I would agree with Dell's (1982, 1985) assertion that the notion of coherence offers more 'protection' against a power based epistemology than the notion of circular causality. This is so in that there can be no misinterpretation of systemic coherence while there can, and clearly has been, misuse of the notion of circular causality (as is evident from the above description of the work of Haley [1959], and the work of the first generation Milan Associates [Selvini-Palazzoli, 1978]). As such, even while I have disagreed with certain of the ideas presented by Dell (1982), reading his work was certainly useful in terms of my development. What I learnt from Dell and Maturana (1987), and from a consequent third reading of Bateson (1972, 1979), is about the impossibility of linear causality, and thus of power relations, and a respect for the coherent functioning of the family system.

In terms of the preceding discussion, second-order cybernetics can be divided into two movements. *The first movement* was focused on the 'participant therapist', that is, there was a concern with the stance of the therapist in the doing of therapy. The focus was on the ways in which the various activities of the therapist interact with the various manoeuvres, coalitions and games presented in the therapy so as to encourage the discovery of new interactional patterns. The modus operandi regarding change remained the delivered message plus prescription at the end of the interview. As discussed above, this movement is exemplified by the second generation of Milan work.

The second movement represented a minimalist approach to therapy - an approach which arises out of the acknowledgement of the family's coherence, its working in accordance with its own uniquely sensible organisation. Further, this movement represented the formal source of introduction to the domain of meanings in the therapeutic encounter. This movement is exemplified by the third generation Milan work of Boscolo and Cecchin, as well as the work of Dell and the Post-Milan teams (Hoffman, 1990).

In terms of my description above, the work of Maturana (Maturana et al., 1987) and Dell (1982) took me back to the Bateson-Haley debate around power. I realised that this was perhaps *the* central theme of my story and that my epistemological confusion thus far derived out of the epistemological errors that plague first-, and many of the second-order theorists around notions of power and causality.

To recap, historically, the move from psychoanalysis to family therapy ostensibly represented a move from linear to circular hypotheses around causality. In terms of this move, symptoms were no longer defined as deriving in a linear way out of a singular source such as: pathogenic neurochemistry, dysfunctional psychic structure, or inadequate mothering. Rather, the entire context of the identified patient was brought into focus. This move was grounded in the primary metaphor of the field from the start, namely, cybernetics. That is, circular causality is basic to a cybernetic conceptualisation where, "no part of ... an internally interactive system can have unilateral control over the remainder or over any other part" (Bateson, 1972, p.315). The founders of the family therapy field spoke about circular causality as *if* they had absorbed the repercussions thereof. But the practical doing of their power-based therapy revealed an epistemology grounded in linear assumptions. Essentially, these theorists believed they could enact the role of therapist from a position of separate, powerful distance. They assumed that they could intervene in the client system, and effect a predictable outcome. They thus failed to recognise the recursiveness of their position within the therapy - the ways in which they, as observers, unavoidably become members of an observing-system.

I have argued that this incongruity was fostered by the initial coupling of the cybernetic metaphor with the assumptions that arose out of the communicational model (based on the theory of logical types). This was informed by the context out of which the communicational model arose, that is, the context of the schizophrenic family. The two models thus became entwined leading to a degree of epistemological error. Haley's (1959) communicational model was based on the assumption that the fundamental principle organising human interaction is the desire to achieve control of the definition of the relationship. Invoking notions of circular causality, Haley did point out the epistemological error of this principle. However, the circular causality alluded to by Haley, while originating in cybernetic thinking, came to be grounded in the communication theory of logical types and with time lost its cybernetic base. Achieving linear control of the definition of a relationship was impossible for the strategic therapist because

of the levels of message that can be employed in interaction - no one can win the battle for control in the face of a multitude of communicational manoeuvres. However, this metaphor invited the myth of power in the therapeutic interaction. The therapist has to find a way of winning in an interactional context definitionally organised around the desire for control. If she is to succeed, she must find a way of outmanoeuvring the client system. Control of the relationship definition is necessarily the fundamental task of the therapist. The myth of power and control, incongruous from a cybernetic perspective, was thus introduced into the field, and would endure unchallenged for a particularly long time. Finally, I have argued that the first-order theorists, in their determination to leave all things psychoanalytic in their past (pardon the pun) addressed the systemic setting through the domain of behaviours only. This was enacted via the prescription of a strategic intervention (in accordance with the communicational model) without attending to the manner in which therapy can usefully address the systemic setting within the domain of meanings itself. It was with the split of the Milan associates and the consequent work of Boscolo and Cecchin (Boscolo et al., 1987) that linear assumptions and the wielding of power were bid a final farewell in the mainstream of the field, and meanings were formally legitimised.

Certainly, it is this latter position with which I sit most comfortably as a person and therapist. However, supporting the epistemological impossibility of linear causality, and thus of power in human interactions does not bring with it epistemological peace for ever after. Clearly, such a position is accompanied by a serious dilemma. What of the social 'realities' that speak clearly of unequal access to power? The contexts of wife battering, and of child abuse, of political discrimination and intimidation? Do these not constitute instances of power being wielded with dangerous, if not fatal consequences for the recipients thereof. Do conditions such as these not call for linear descriptions and indeed, can an epistemology based in mutual causal assumptions survive this challenge?

Dell (1989) echoed the above declaring:

In the large part, it seems to me that the systemic perspective, with its emphasis on circular causality, has made it difficult for family therapists to know how to speak about such apparently *lineal* phenomena as power, violence, abusers, and victims. (p. 2)

Dell reviewed Bateson's claim that "power is a lineal, epistemologically incorrect idea that is completely inconsistent with the systemic view" (pp. 6-7) and wonders whether this disqualification of power at the level of epistemology precludes answering those feminists and other socially aware theorists concerned with issues of inequality, abuse and violence from within the systemic framework. Dell's response constitutes drawing a distinction between the domains of experience and explanation. Dell argued that:

when Bateson speaks of power and lineal control, he is speaking in a different domain than the rest of us do when we speak of power. Bateson is speaking in the domain of scientific explanation, whereas the rest of us, when we believe in 'power,' are speaking in the domain of experience and the domain of description (13). It is profoundly different to speak of power and lineal causality in the domain of experience or description (as opposed to speaking of these matters in the domain of scientific explanation. When we describe our experience, we are permitted to use the metaphors of power and lineal control! (pp. 7-8)

I would argue that this response is essentially a semantic side-stepping around the issue. It certainly does not offer a response within the systemic perspective. In fact, the response essentially proposes that the systemic model cannot account for violence. Dell (1989) concluded the article stating his belief that:

systems theory is a powerful conceptual tool, but it has its limitations. I very much doubt that it can provide us with an adequate understanding of human violence. For that, psychology will be necessary. Violence exists in the domain of human lineal experience, not in the domain of systemic explanation. (p. 11)

Dell (1989) does, however, draw the reader's attention to Bateson's (1972) conviction that power (that is, "the attempt to maximise any given variable - hence the attempt to increase and control that variable" [p. 7]) is usually pathogenic in that "it rapidly destroys the flexibility, potentiality, and complexity of the ecosystem. Before there was a rich, multifaceted complexity; now, over time, the system collapses to its lowest common denominator (if not into death itself)" (pp. 7-8). Dell leaves the reader with this assertion. He does not however consider how to fit this mistrust of power into Bateson's (1972) assertion that power is a myth, an epistemological impossibility. I believe that in the unsorting of this apparent contradiction in Bateson's

epistemology, namely, that power is a myth, and yet that power is pathogenic, lies the systemic response to the question of violence.

For Bateson (1972), power does exist (and is pathogenic, because it reduces the inherent, interactional complexity of a system) but it exists only at the level of partial arcs of the systemic circuit. However, focusing one's vision on the partial arc, without taking account of the broader pattern which encompasses and facilitates the arc of violence at one level, and ultimately disrupts it at a higher level, is epistemologically incorrect. Linear causality/power is concurrently real, and pathogenic (at the level of the partial arc), and a myth (when one takes account of the interconnectedness of the whole system). Let me elaborate.

I will consider wife abuse as an illustrative example, where the two members in the system at the lowest order of description are husband and wife. (One must account for other interactive effects at increasingly higher orders of description.) Refer to the diagram of the simple circuit connecting the elements A (husband) and B (wife) in a circular chain of causality illustrated in Figure 5.4.

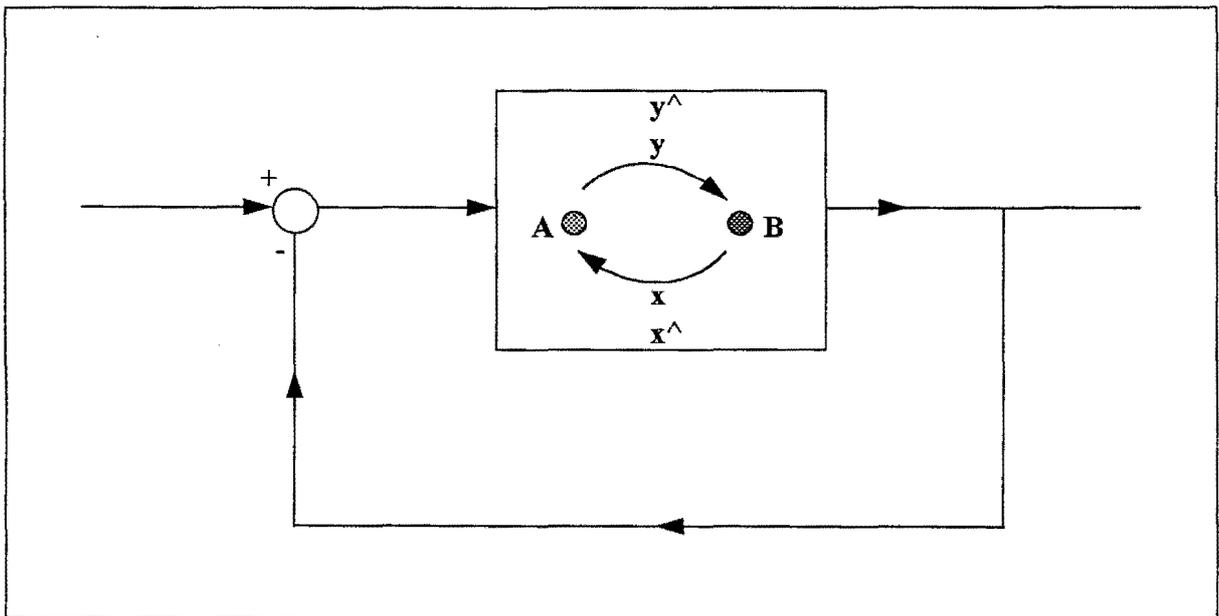


Figure 5.4 Mutual causal interactional pattern

It is necessary at this juncture to distinguish the elements in the system, A (husband), and B (wife) from the interactions (x and y) that flow between them. I would argue that Bateson

(1972) at no time asserted that $x = y$, that is, that the interactions that occur between the elements are equivalent. Further, he at no point denied that the interactions between the elements impact on the elements. He did certainly argue, however, that the elements, and thus their activity and associated impacts, are always influenced by and influence one another within a feedback loop which is constraining in terms of a particular setting. In this example, I will suggest that the systemic setting circles around the idea that the husband must at all times be in control of the relationship (the attempt to control the variable of 'potency'). If the output does not accord with this setting, the elements will in turn reorganise themselves so as to re-establish equilibrium. For example, the wife might be promoted at work, and accordingly receives a salary increase. (In terms of the diagram, this constitutes x .) This partial arc disrupts the setting, and the husband then responds by violently abusing his wife in order to reclaim his position of control. (This is represented as y in the diagram.) During the abuse, the wife does not possess the physical strength needed to protect herself from the husband, neither does she feel emotionally able to leave the man who harms her. (This constitutes x^{\wedge} .) The husband can thus continue to hit her until the setting is re-established. (This constitutes y^{\wedge} .) That is, if the wife felt differently, if she believed in her own power, or in the power of the authorities to protect her, she would almost certainly leave the field and her husband would cease to abuse her.

I am thus arguing that to look only at the instance of husband abusing wife, without considering the entire systemic interplay, results in a misleading description wherein husband abuses in an otherwise vacuous interactional domain. Essentially, *linear causality assumes a vacuous interactional domain and is thus mythical*. It is important to note that nowhere in this argument have I suggested that the wife *invites* the abuse. I find this position to be entirely unacceptable. I am, however, stating that from a systemic perspective, the behaviour of the victim is one arc of a larger circuit which interplays with another systemic arc, namely the repetition of the abuse, and all of the behaviours 'fit' or 'cohere' in terms of the systemic setting whether voluntarily (the husband *is* invested in the setting), or not (the wife's behaviour fits with the setting in terms of the physical limits of her strength, her sense of her self as depleted or even unacceptable outside of this relationship, and the lack of external protection available to her. However, this does not suggest that her behaviour implies that she wants or needs, and therefore invites abuse.)

As suggested above, it is also limiting to focus only on the simplest order of description of the systemic circuit. Thinking cybernetically demands a rigorous analysis of all of the higher

orders of calibration of the setting. As such, to return to the given example, the next order of recursion within which the husband-wife system function might be that of the neighbourhood police who consistently choose to retain a 'neutral' position with regard to domestic issues. The next order of description would be the dominant ideology of patriarchy, demanding male authority, and condoning the use of violence in the meeting of this patriarchal injunction. The violence that occurs in the husband-wife system, thus 'fits' within a broader sphere of influence.

To summarise then, I am arguing that power can be explained from within a systemic perspective. If we chop up the ecology and look at the partial arcs, we can see the impact (sometimes painful) of a given component on another. However, if our description stops there, it is only a partial description. We must consider the next arc(s) in the circuit to make sense of the interconnectedness, and to make sense of what maintains the deleterious sequence. If we focus only on the partial arc, we can believe in linear causality. However, if we discipline ourselves to consider always the array of arcs functioning in any system, including the higher order, more subtle processes at play, we are in a far better position to aid in disrupting the sequence, and help facilitate an alternative, more useful systemic organisation for all of the members of the system.

I am thus arguing that not only does the systemic perspective allow for an epistemologically consistent description of violence, it also mitigates against a narrow, partial description thereof and invites a contextual awareness of all of the forces that maintain the system functioning in the way that it does (with one partial arc functioning in terms of violence). We need to look beyond the arc of the violence, at all of the levels of influence, at the level of the disempowered victim, at the level of the police force which does not serve its protective function, at the level of the neighbours who hear the violence but choose to adhere to the myth of the privacy of the nuclear unit, at the level of the history of the abuser, at the level of the mythology of so many of our societies which invites men to express their feelings of despair, and lack of self worth through violent deeds or words. We can afford to chop up the ecology only momentarily, at the moment of recognising the horror of what is happening, and then we need to immediately broaden our focus and consider all of the factors which serve to maintain the status quo, and certainly to consider how to join with the system in establishing an alternative systemic setting with an alternative pattern of interaction which precludes the arc of violence.

In short, Bateson (1972) was not saying that there can be no *impact* between components of a given system, nor that the impacts are equivalent, nor that the impacts are innocuous. He was saying that all of the components, and thus the impacts, are part of a larger systemic unit and influence. One might then posit that linear causality exists at the level of what I have termed impacts (partial arcs) but there will always be a higher order of process to which the partial arcs are ultimately connected and as such, power and linear causality per se are epistemological myths. Further, limiting one's focus to a partial view, is not only epistemologically unsound but might lead to dangerous conclusions.

While the above argument accounts for the dilemma as to whether linear causality/power/abuse exist, it does not address the related but different point, namely, the question of accountability. That is, the 'power' debate concerns two connected but different questions: i) given a circular assumptive base, does power/abuse (a purportedly linear phenomenon) exist?, and ii) is the power broker/abuser accountable, can he be held responsible for the abuse if he as perpetrator acts within a circular pattern of events? (For the discussion below, I will refer to the abuser as male for the sake of easier reading. I do not, however, assume that all abusers are male, and all victims female.)

With regard to the first question, linear theoretical models, such as the medical and psychodynamic models would argue definitively that power does exist. However, the second question regarding accountability poses difficulties in that if one formulates linear causal assumptions around etiology, then accountability cannot exist. That is, in terms of the medical model, the abuser is a victim of his chaotic neurochemistry, he is 'mad'. He cannot be held accountable. In terms of the psychoanalytic drive model, the abuser is the victim of his inborn psychic structure replete with excessive aggressive impulses. He cannot be held accountable. In terms of the psychodynamic relational model, the abuser is the victim of inadequate mothering received at the formative stage of development. Once again, the abuser cannot be held accountable. Against the background of the limitations of alternatives models with regard to the question of accountability, I will now consider the cybernetic model. In terms of this metaphor, the behaviour of an individual is part of a larger pattern of interactions, which in turn are organised within a recursive feedback process. As such, no one behaviour can be understood to be isolated from another. Consequently, one cannot then speak of accountability. Furthermore, for some cyberneticians, the internal world of people follows from the patterns in which they function: According to Dell (in Fish, 1990) "The systemic paradigm

which underlies family therapy is fundamentally relational or interactionist...This, in fact, is the essence of the systemic paradigm: *individuals and families do not have inherent traits or properties....*" (p. 24). As such, once again personal accountability cannot be called upon. I, however, adhere to a less radical approach, and certainly argue that there is an intrapersonal dimension that interacts with every level of the system to which the individual belongs. This is a discussion which requires an analysis of the cybernetic approaches to the self, and is too broad to engage in for the purposes of this story. However, if one does assert that there exists an intrapersonal self, then one can argue that the intrapersonal self is one partial arc occurring within a bigger circuit of events. One can then argue for the notion of partial accountability. Perhaps, that is really the only kind.

This is then an appropriate moment to invite the reader to accompany me into the next arc of my story, that is, my internship year. Appropriate in that it was in a context of enormous violence that I conclusively recognised the need to constantly consider the context of violence, or risk falling into the trap of linear, acontextual conclusions. Further it was during my internship year that I defined my position in the therapy chair as one in which I no longer felt comfortable, or useful, playing with paradox and power. I finally internalised the idea that as therapist, I may believe that I wield power and can manoeuvre the client in terms of this - however, this is only a partial arc of the therapy circuit. There will always be higher orders of process which will recursively impact on both myself and the client. In a context of violence (and many other things), I thus learnt about mutuality, humility, and the utility of stories.

CHAPTER 6

INTERNSHIP YEAR: TOWARDS "BOTH-AND" LAND

[Alice said,] "Would you tell me, please, which way I ought to go from here?"

"That depends a good deal on where you want to get to," said the Cat.

"I don't know where...," said Alice.

"Then it doesn't matter which way you go," said the Cat.

-Lewis Carroll, *Alice in Wonderland*

I entered my internship year firmly wedded to Bateson (1972, 1979) and the cybernetic model. My internship year represented a challenge to this devotion at two levels. Firstly, I realised during the second half of the year that despite my attesting to be a cybernetic, second-order therapist, I had been working from the position of an expert healer, seeking always the intervention (often paradoxical) which would be the solution. Secondly, and more difficult for me, I realised that there were aspects of the cybernetic metaphor which were problematic for me even when applying it in a rigorously second-order manner. This latter discomfort was further encouraged in three ways: through my drawing of Maturana's (in Maturana et al., 1987) theory of living organisms out of the 'not-yet-said' into the domain of perturbation, through my third reading of Bateson (1979), and finally, through my reading of the third movement of second-order cybernetics, that body of work concerned with social constructionism.

The Internship

Unisa students are assured a place at Sterkfontein Hospital for the duration of their internship year. As the mother of two toddlers this would prove to be problematic in that the drive to and from Sterkfontein Hospital from where I live would take me just under an hour either way. This would mean I would have to leave for work at 6:30 and would return from work at around 17:30, leaving me very little time to spend with my by now very demanding children. With a great deal of effort, and against all odds, I created a place for myself in the internship rotation of the students of the University of the Witwatersrand, the placements of which are all

closer to my home. I thus found myself back in the psychodynamic paradigm I had left four years before with a group of students and supervisors who were, on the whole, as dogmatic about their way of thinking as I was about my newly embraced epistemology. The ingredients for an epistemological combat were all in place and I entered the combat zone with fervour.

Unlike the Unisa students who spend the year at Sterkfontein, the Wits internship is organised on a rotation basis and is composed of a number of different placements at different institutions. Each student is assigned to two placements for periods of six months each. My first placement was in the 'bottom wards' at a psychiatric in- and out-patient hospital called Tara.

Tara

The 'bottom wards' of Tara (the wards are at the lower end of the hospital grounds) are those wards designated for what in the language of the Tara staff are the psychiatric, organic, biological, hopeless patients. The task of an intern in as bleak a context as this is to 'hold' the patient through their time spent on the ward with the goal of 'support through sameness'. This is not to imply that the staff, on the whole, are not caring people, wanting what is best for the patients in their care. They do care, they are committed, but the meanings associated with more, not less of the patients are meanings of despair.

Despite all the good intentions, Tara, especially the wards on which I worked, is a kind of power broking company. It is a context in which power is bandied about from doctor to nurse to psychotherapist to physiotherapist with not a drop to be found for the patients being treated. The doctors in such a context inevitably assume a position of kingship, typically protected by a vigorous hierarchical structure, and wield a vast assortment of medicines as their primary weapon of choice. The voice of the psychologists on these wards is largely a muted one. As mentioned above, the voice of the psychologists is also almost exclusively psychodynamic. The therapeutic model prescribed was thus one in which the therapist is instructed to create and maintain a holding environment, to always explore feelings, to sit in a quiet position and offer insights where appropriate, and to work only with the individual in question. This was very different from the therapeutic self I had evolved in my two years of training. I had evolved into a proactive therapist, looking always for patterns of stability and change, always for the magical intervention which would invite 'change of change', and always considering the context of the client eagerly inviting family members to attend therapy sessions (something rarely done by

psychologists at Tara). And all of this I did in a remarkably first-order way. In a context of experts and often voiceless patients, I responded with my own particular brand of therapeutic power play. I creatively pretended to myself that I was not playing any such game. After all, I was not delving into the expert-patient dynamic of medicine or psychodynamics. Unwittingly, I was playing yet another variation of the same game in much the way that I described the Milan Associates having done so in the preceding chapter. I was certainly still invested in my own power and anxious to prove its efficacy in a context which I experienced as very hostile.

Needless to say, my supervisors watched me with a mixture of astonishment and distaste, instructing me repeatedly to be less active, to focus on feelings, and to encourage catharsis. I was determined to prove them wrong. I was defensive because that is all that one can be in the first-order position of "either-or", and not "both-and". It was more important to me to feel connected to the system that had trained me than to feel connected to the system that I was presently in - I could not risk thinking that perhaps I had learnt all the 'wrong things'. Further, a return to psychodynamic notions reinstilled my despair over having to leave my children for so many hours in the day. Without being present for most of their day, at the very beginning of their lives, I could not possibly be enacting the role of good enough mother and I thus vigorously opposed this theory, and its clinical method in every way.

However, despite my concerted efforts to remain vigorously loyal to my cybernetic training, a certain rumbling feeling of discontent with the model lay underground at this time. Given the above, I did not allow myself access to these concerns. However, the voices of discontent grew louder in a context which allowed a great deal more expression of the ways in which I had been trained to work. That is, as soon as I was given permission to conceptualise and work within an ecosystemic frame, I allowed myself the freedom to explore my discomfort with it. As mentioned above, this dissatisfaction inhered in two different issues: (1) my misuse of second-order cybernetic principles, and (2) my difficulties with the cybernetic metaphor per se.

Psychiatric Community Services (PCS)

As an intern at PCS, I was expected to offer a clinical service at three different clinics. Firstly, at the out-patient clinic based in the Johannesburg Central Business District. The work done there could loosely be defined as regular 'western, middle class' therapy. While I certainly

enjoyed this work, it did not perturb me in any significant way. Secondly, I attended an out-patient clinic in Soweto, working with children, adults and families. The focal point of my development there was around work done with children who had been sexually abused, and with the parents of the children (who in these cases were not the abusers). Thirdly, I worked with in-patients at Natalspruit Hospital in Katshehong. These patients, on both the spinal and burns wards, had been victims of violence in the region.

In the two latter placements, especially in Katshehong, I was, for a number of reasons rendered impotent. I could not pluck out any clever manoeuvres from my well-worn therapeutic trick bag. Firstly, I could not speak the language. In Soweto, there were for the most part, interpreters who entered the therapy system in a remarkably effective way. In Katshehong, this luxury was available for only one of the people I worked with. For the rest, we struggled along with a mix of English, and Afrikaans. I certainly no longer felt the part of the clever, eloquent therapist who could creatively reorganise what was said. Secondly, I was in a world which was so entirely different from my own, that I could not predict what outcome would be considered to be useful. Thirdly, and probably most importantly, I was faced with pain and contextual crisis of such enormity that paradox was, even to me, not only inappropriate, but bizarre. In all of these various ways, I was fortunately dethroned at last.

For the first while, all I could do was *listen*, dumbstruck by the stories being unravelled. Working in Soweto with children of three, and four, who had been raped, and in Katshehong, with victims of violence on the burns and spinal ward, it took most of my energy to contain my impulse to run as far away as possible from the intensity of the pain. In Soweto, I returned to the storytelling technique I had used with Megan in my first year of training. I would bring along a play room in a small leather bag - a few plastic toys, some puppets, and some crayons. Together on the floor, the children and I would weave stories about what had happened. At times, they would narrate, and I would follow. At other times, particularly with children who were more traumatised and could not yet play, I would lead the way. Using different drawings, or animals, we would replay the scene as closely mirrored to the event as possible. I was certain to include in the narration *feelings*. The children, without exception, listened with great intent, when I spoke of the fear, pain, powerlessness, and anger of the abused character in the story that unfolded. Then we would retell the story together, once again with the child giving me the cues as to where to go in the story. The child could choose what the 'victim', now empowered in the story, would do. Some told a story of vengeance, killing the abuser over and over.

Others told a story of seeking adequate parental protection from the abuser. And others enlisted the help of the entire community in evicting the abuser from the land until the end of time. With few exceptions, the children showed remarkable improvement. The presenting post-trauma symptoms of sleeplessness, encopresis, enuresis, irritability, and distractibility cleared after a maximum of four sessions. The children had narrated their way back to health. Yet, as with Megan in my first year of training, at this point in time, I was still unsure about what in the process had been useful for the children. I was, however, sure that paradox around the presenting symptoms, and power play had no place in these therapeutic encounters.

This experience, coupled with my reading of Maturana (in Maturana et al., 1987), and my third reading of Bateson (1972, 1979), facilitated my understanding of the ways in which I was still stuck in a first-order therapy chair. However, over and above this difference, I was also struggling to fit this work with abused children into a cybernetic model of stability and change within recursive feedback processes. I certainly could have forced the metaphor to fit (one always can), but it no longer felt comfortable.

In Kattlehong, my experience was even more perturbing. I recall beginning preparing myself for my weekly day at Natalspruit the night before. The drive to the hospital felt like a drive into the depths of hell. And I am not exaggerating. On the burns ward, one had to contend with the intense pain of patients who had no skin left on their bodies, patients who had been the victims of violent assaults and whose lives had been thrown into chaos. In the spinal unit, I worked with three young people, two paraplegics, and one quadriplegic. The person who perturbed my concept of my therapeutic self most was a man called Jakob, who had caught a random bullet in his neck, and had no movement in his body whatsoever, other than facial control, and minimal control of his left hand. He was newly married, and had a baby of a few months old. Despite all of this loss and pain, we learnt how to be in a relationship together, communicating in our broken way, with Jakob taking great pleasure at my exceptionally untidy Afrikaans. At the end of our therapy, the day he was to be discharged to the care of his wife, we shook hands and he told me something which would leave me irrevocably changed. He said, "Joanne, thank you for our time together, when we started speaking, I was very sad. I had no strength left. But you let me be sad and be a man, and now my pain has left me." I thanked him in turn for teaching me how to speak Afrikaans, and how to speak with my own voice. At no time in the therapy had I intended to give him permission as a man to mourn over the loss of his body. I had been so overwhelmed by his loss, and so impressed with his courage, that *I had*

had no therapeutic plan. I had allowed a conversation to evolve without specific intent. What he had heard in the conversation that ensued, was my eagerness to hear whatever he had to tell me and my continued respect regardless of the content of the story and the process that accompanied it (he once cried when reviewing with me the plans for his future that now would never be). He had interpreted this in the ways that he needed to. I had perturbed his myth around men and sadness and he reorganised his world of meanings accordingly. He had perturbed my myth about therapeutic interventions as planned and predictable, my myth around therapy always having to fit into the cybernetic metaphor of stability and change, and my myth around the utility of engaging in feelings. I in turn reorganised my world of therapeutic meanings accordingly.

I began to grasp that I am far more useful in the ecology of the therapy if I *really listen* to the story being told, without being distracted from this by mulling over clever responses and sets of interventions. I came to acknowledge that up until this time I had believed that I possessed a power that could change the system in a linear, predictable way. I came to believe that I can only join the system, interact with it, and hope to perturb in a meaningful way such that the client system will reorganise itself in a coherent, and more useful way. I no longer needed to panic to find *the* magic intervention, I no longer needed to act out the paradoxical prescription, I could be Joanne and use the voice that was coherent for me. And that coherent voice was not paradoxical.

Further, I once again began to develop a respect for therapeutic quietness, I was no longer so eager to be so busy. And I also began playing with the idea of therapy as a story-telling and retelling endeavour. I no longer felt comfortable defining all therapies in terms of a cybernetic metaphor. It was thus with a great interest that I read the articles written by Hoffman (1990b, 1991), and Anderson and Goolishian (1990), in which they tracked their move away from a cybernetic/biological metaphor for family therapy into the domain of social construction theory.

Social Constructionism

It was the work of Anderson and Goolishian (1988, 1990), Goolishian and Anderson (1992) and the work of Hoffman (1990b, 1991) that served as my formal introduction to the social constructionist, or post-modern movement in the family therapy field. The descriptions

offered by the above-mentioned authors mirrored many of my own experiences over the three years of my training, and were enormously useful as aids in making sense of many of my own epistemological conflicts.

This body of work constitutes the third movement of second-order cybernetics and is principally concerned with conversational narratives, with the stories inhabited by people, and includes a constant awareness of the voice of the therapist in the evolving story. It is this point of the inclusion of the therapist in the therapeutic conversation that serves as the point of connectedness and severance with the cybernetic paradigm. It is a point of connectedness in that it was the second-order cyberneticians who brought the therapist into the therapy through the notion of higher order feedback loops, and the notion of autopoietic systems. However, it is a point of severance in that this movement describes the manner of therapeutic inclusion in a different way. The third movement is concerned with a move into a collaborative, unconcealed therapeutic stance. The proponents of this movement argue that the cybernetic model facilitates only a power based, strategic therapeutic stance. For them, the cybernetic metaphor invokes notions of therapist power and control and cannot speak the language of collaborative participation. They argue that the problems around therapist control that inhere irrevocably in the cybernetic metaphor become non-problems within the constructionist frame. I will briefly look at the core assumptions of the social constructionist movement before considering the work of Anderson and Goolishian (1988, 1990), Goolishian and Anderson (1992), and Hoffman (1990b, 1991).

Essentially, social construction theory asserts that our beliefs about the world do not reflect observable, objective truths. Rather, they are social inventions, that evolve in the domain of linguistic intersubjectivity (Hoffman, 1990b). In Gergen's (1985) words: "Social constructionism views discourse about the world not as a reflection or map of the world but as an artifact of communal interchange" (p. 266). In the process of inhabiting our world, we construct ideas about it in conversation with other people. There are thus no absolute social truths. All we can know are stories about the world that we tell ourselves and others (Hoffman, 1991).

Constructionism demands that we "suspend belief that commonly accepted categories or understandings receive their warrant through observation. Thus it invites one to challenge the objective basis of conventional knowledge" (Gergen, 1985, p. 267). Gergen cites numerous

examples which force us to question many of the core 'truths' we have come to know, as well as the process of coming to know them. According to Gergen, investigations have been carried out by various researchers which disrupt such taken-for-granted notions as gender differences, menopause, and the existence of intractable, internally derived emotions. In each study, "the objective criteria for identifying such 'behaviours,' 'events,' or 'entities' are shown to be either highly circumscribed by culture, history, or social context or altogether nonexistent" (Gergen, 1985, p. 267). Constructionism suggests an alternative to the assumption that we objectively observe the truths we discern in suggesting that these concepts derive out of the interchanges among people in relationship. Accordingly, investigations have been conducted to look at the historical and cultural bases of different forms of world construction such as variations in the concept of the child, of romantic love, of mother's love, and of self (Gergen, 1985). In all of these investigations, constructions of the person or relationships have varied significantly across time. In terms of all of the above, the observation of people as a means of arriving at a description of them is challenged. Clearly then, from the social constructionist position, distinctions between observer and observed dissolve in the face of 'reality' described as dwelling in the linguistic space between 'observer' and 'observed.'

From the perspective of social constructionism, behaviours or actions follow the descriptions that arise out of intersubjective exchanges. The descriptions and explanations arrived at in the social domain, serve to support certain social patterns of actions, and exclude others.

To alter description and explanation is thus to threaten certain actions and invite others...to treat depression, anxiety, or fear as emotions from which people involuntarily suffer is to have far different implications than to treat them as chosen, selected, or played out as on a stage. (Gergen, 1985, p. 268)

In short, we act out the roles of the characters described in our consensually arrived at narrative scripts. For the therapist, this implies that the therapeutic task involves an intersubjective retelling of the client narrative so as to arrive at a story which invites alternative, more 'useful' (for the client system) behaviours.

According to Gergen (1985) the social constructionist approach was revived by Lewin's cognitively oriented field theory. Lewin supported the idealist side in the age-old European

controversy between the competing intellectual traditions concerned with the source of knowledge. Essentially the debate can be defined in terms of the distinction between idealism, (the endogenic view posited by thinkers such as Spinoza, Kant, and Nietzsche, that knowledge derives from internal constructs) and positivism, or empiricism (the exogenic view proposed by philosophers such as Lock, Hume and Mills, that knowledge is a representation of facts and events in a "real" world). Social construction moves beyond the exogenic-endogenic antimony in presenting the development or source of knowledge as a social phenomenon where "perception can only evolve within a cradle of communication" (Hoffman, 1990b, pp. 2-3).

It was to the story of social constructionism that many theorists, dissatisfied with the cybernetic narrative voice, turned. Hoffman (1990b), Anderson and Goolishian (1990), and Goolishian and Anderson (1992) argued that the language of cybernetics cannot sufficiently account for the issues concerning living, or human systems, and therapeutic involvement with them.

Anderson and Goolishian

Anderson and Goolishian (1990) asserted that they had "found cybernetic language especially inadequate to deal with the increasing struggles and dissatisfactions with the limitations and consequences of translating concepts such as therapist knowledge, symptom functionality, normative ideology, and intervention into the domain of therapy" (p. 159). Anderson and Goolishian, in accordance with Bateson (1972) reject the power metaphor in therapy as espoused by Haley (1959, 1963) and the strategic school. For them, the concept of power and control is not a necessary framework either in terms of the conceptualisation, or the practise of therapy. However, they argue that the debate regarding power cannot be resolved within the cybernetic metaphor. Indeed for them, power and control inhere in the cybernetic metaphor, and it is only from within the cybernetic paradigm that therapy need be described and practised in terms of power and control. According to Anderson and Goolishian (1990), in order to:

avoid the either/or dilemmas of ...[the implication of many familiar family therapy concepts]...(power versus no power, intervention versus nonintervention), it is necessary to abandon the core concept of cybernetics itself in our attempts to inform and describe therapy [from a position of both/and]. We believe that the

issues of power and control, of intervention, and of curing...are all implicit in cybernetic epistemology...it is difficult, even impossible, to move beyond the issue of therapist power, direction, and control when our therapy is informed by the metaphor of cybernetic epistemology. (p. 160)

For Anderson and Goolishian (1990) cybernetics is a metaphor which is principally concerned with the control of systems (through negative feedback loops which maintain equilibrium or stability): "Mechanical control is the underlying metaphor of cybernetic epistemology" (p. 161). Anderson and Goolishian imply that in so far as the cybernetic metaphor is concerned with control loops, the therapist will enter the system in a controlling way. For them, whether sitting in a first- or second-order cybernetic position, the theory remains a theory of ordered control. "We can attempt to soften the control or to make it more gentle and kinder through a second-ordered cybernetics, but it is...still control" (Anderson & Goolishian, 1990, p. 160).

Anderson and Goolishian (1990) hinted at another level of difficulty with regard to the debate around therapist control. Hoffman (1990b) articulated this point more clearly. They argued that, in that the cybernetic metaphor describes patterns of interaction which are not useful for the members of the system, it invites a therapeutic response the *intent* of which is to disrupt either the pattern, or the setting, and arrive at a more useful alternative. The cybernetic therapist is concerned always with altering patterns perceived and censured by the therapist. Whether the change be facilitated in a first- or second-order manner, that is, with or without a focus on the participant therapist and observing system, the therapist is the one who identifies the pattern, and intends to alter it. Anderson and Goolishian (1990) elaborate on the above limitation of the cybernetic metaphor. They asserted that:

when we speak of observers, whether in first- or second-order positions, we limit meaning to the head of a single person. For us, it is more useful to think of meaning, the human mind, as an intersubjective phenomena. This is a concept that the cybernetic paradigm cannot describe. (p. 160)

In response to the various frustrations experienced in the cybernetic realm, Anderson and Goolishian (1990) have increasingly moved away from the patterns of cybernetic theory into what they call:

a 'post cybernetic' interest in human meaning, narrative, and story. We see a basic limitation in cybernetic thinking to be its inability to conceptualize humans as embedded in cultural practices and in conversation with each other...In the pursuit of these interpretive and hermeneutic approaches, we have developed ideas that move our thinking about therapy into the domain of shifting systems that exist only in the vagaries of discourse, language, and communication. Our position leans heavily on the premise that human action takes place in a reality that is created through social construction. This is a world of human language and discourse, and not the world of cybernetic control and observed patterns. (p. 161)

For Anderson and Goolishian (1990), in terms of this shift in metaphor the either/or problems of intervention and power that they argue inheres in the cybernetic metaphor, become 'nonproblems'. Here psychotherapy involves constructing, in language, a conversational domain. Psychotherapy is the art of facilitating an intersubjective conversational process. Both client and therapist

participate in a shared developmental process. From this perspective, client and therapist are seen as mutually creating meaning, and mind becomes a mutual intersubjectivity...In effect, they generate a dialogically *shared domain* of meaning that belongs *to* the moment and *in* (and only in) the therapeutic conversation. A new world, a new narrative, a new story is created." (Anderson and Goolishian, 1990, p. 162)

To return to the difficulty described above regarding therapist knowledge and intent which Anderson and Goolishian (1988, 1990) argue inheres in the cybernetic metaphor. For Anderson and Goolishian, this dilemma is addressed within the narrative metaphor. In terms of this position, Anderson and Goolishian (1990) do not deny that there will inevitably be an influence. However, the point of difference between the two metaphors concerns the therapeutic intent. From within a cybernetic metaphor, the intent is to change or to disrupt the observer-identified problematic patterns. From within the narrative metaphor, "the therapist's intent or aim is to influence the creation of and facilitate an intersubjective conversational process. The natural consequences of such a process is change. In such a process, *both the*

client and the therapist are at risk to change [italics added]" (p. 162). The change does not enter the system at specified points. It is spread amongst all those participating in conversation with one another.

The assumptions upon which the work of Anderson and Goolishian (1988, 1990) and Goolishian and Anderson (1992) is based invites a theoretical inversion where 'the system determined problem' becomes 'the problem determined system'. For Anderson and Goolishian, a problem system is always a linguistic system. As such, the system does not distinguish the problem as is the case in the cybernetic description of problems as the 'result' or 'reflection' of dysfunctional systemic patterns. Rather it is in the consensual domain around the problem that the system comes to exist:

systems do not make problems; languaging about problems makes systems. We think of such a defined system as a problem-organising, problem-dis-solving system. It is a social-action system that is organized around languaging about issues that concern and alarm those who comprise the system...[Problems constitute a]...co-evolved meaning that exists in ongoing dialogical communication. In dialogue, new meaning is under constant evolution and no 'problem' will exist forever. In time all problems will dis-solve...That is, problems and the systems organized by them are not fixed entities existing over time until they are resolved or repaired. Problems and problem-organizing systems are changed and reinterpreted just as often, and just as rapidly, as the other narratives around which we organize meaning and social exchange...we no longer think of problems as 'in' the family, or in any other spatially and socially defined unit. Problems are in the intersubjective minds of all who are in active communicative exchange and, as such, are themselves always changing. (Anderson & Goolishian, 1988, pp. 379-380)

Problems thus do not exist at an objective level. Rather, a problem exists only in the domain of conversation with others.

For Anderson and Goolishian (1988) the source of change is to be found in the multiverse of possible meanings that inhere in every communicative act. All acts of communication carry unarticulated meanings that invite interpretation and alternative

expressions. Therefore, "the subject and content of all dialogue and discourse is open to evolutionary change in meaning" (Anderson & Goolishian, 1988, p. 380). Therapy then, is a linguistic process of inviting and articulating upon the 'unsaid' in the co-evolution of alternative, more useful narratives around which we organize ourselves in our interchanges with each other. Anderson and Goolishian thus see therapy as a linguistic event that takes place in what [they] call a therapeutic conversation. The therapeutic conversation involves a mutual search and exploration through dialogue (a two-way exchange, a criss-crossing of ideas) in which new meanings are continually evolving toward the 'dis-solving' of problems and, thus, the dissolving of the therapy system and what [they] have called the problem-organising problem-dis-solving system. Change is the evolution of new meaning through the narratives and stories created in the therapeutic conversation and dialogue. (Anderson and Goolishian, 1990, p. 161)

In short, for Anderson and Goolishian (1990):

Therapy is a linguistic activity in which being in conversation about a problem is a process of developing new meanings and understandings. The goal of therapy is to participate in a conversation that continually loosens and opens up, rather than constricts and closes down. Through therapeutic conversation, fixed meanings and behaviours (the sense people make of things and their actions) are given room, broadened, shifted, and changed. There is no other required outcome. (p. 381)

Therapy is thus concerned with a co-evolution of the 'not-yet-said'. All the members of the problem system attribute a different set of meanings to the problem-in-conversation and all must be given equal opportunity to express their understandings and to alter their perceptions, "at their own speed and in their own way" (Anderson & Goolishian, 1990, p. 382). In summary, for Anderson and Goolishian, nothing can remain the same in dialogue, "Change in therapy is no more than changing meaning derived through dialogue and conversation" (p. 382).

Hoffman

Hoffman (1990b) wrote an essay entitled "Constructing Realities: An Art of Lenses" in which she mapped her move away from a cybernetic-biologic metaphor for 'family systems' therapy. She stated that this shift was encouraged by three different sources: social

construction theory, a second-order view of systems, and a sensitivity to issues around gender. According to Hoffman these conceptual tools helped her to move from a strategic, instrumental therapeutic stance, into a more collaborative and unconcealed one.

In this essay, Hoffman (1990b) stated that her first-order focus on the patterns that inhere in the negative feedback loops of homeostatic systems was first disrupted by the second-order cybernetic work of the biological constructivists, Maturana, Varela and von Foerster. This epistemological perturbation centred around the distinction between allopoietic systems (which could be programmed by an observer from the outside), and autopoietic systems (which were living, autonomous, structure determined systems that could not be instructively interacted with). For Hoffman this distinction represented a shift out of the role of separate, therapeutic change agent, into a position of including the self of the therapist in the descriptions drawn.

Hoffman (1990b) asserted that the shift in epistemology that arose out of her exposure to the work of the biological constructivists allowed her "to consider what a therapy would look like that ... counteracted ... the extremely instrumental tendencies of [her] earlier training" (p. 5).

Hoffman (1990b) stated that she had for a long time believed that constructivism, and constructionism, were synonymous in that both movements serve to banish the notion of objectively knowable truth. However, she came to realise that the point of emphasis differs in that the constructivists are concerned with the operations of the nervous system as it couples itself with its environment, whereas the constructionists are more concerned with the intersubjective influence of language, family, and culture. (It is almost as if, for the constructivists, there can be no objective knowing because 'everything happens inside,' in the recursively organised nervous system, and for the constructionists, there can be no objective knowing because 'everything happens outside,' in the domain of intersubjective language.) As such, while the biologists' notion of structure determinism did facilitate Hoffman's leap into a second order view that argues against instructive interaction, she did not enjoy thinking of people as being "stuck in a biological isolation booth" (p. 3). In contrast:

social construction theory posits an evolving set of meanings that emerge unendingly from the interactions between people. These meanings are not skull-bound and may not exist inside what we think of as an individual 'mind.' They are part of a general flow of constantly changing narratives. Thus, the

theory by-passes the fixity of the model of biologically based cognition, claiming instead that the development of concepts is a fluid process, socially derived. (Hoffman, 1990b, p. 3)

Hoffman (1990b) asserted that the social constructionist approach invites a move into the arena of post-modern semantics, narrative and linguistics. This represents a move away from the cybernetic notion of negative feedback loops, and the biological notion of autonomy, both of which inauspiciously explicate how systems remain the same, into the domain of "temporal analogies like narratives, histories, and flows [which] assume that entities are always in the process of change" (Hoffman, 1990b, p. 3).

Hoffman (1990b) argued that another point of limitation with regard to the cybernetic metaphor concerns the connected issues of gender, power and abuse. She described the problems that inhere in the cybernetic model with regard to issues of power and responsibility as discussed above. To reiterate, in terms of the systemic view "everyone participates in a mutual-causal pattern of behaviour that eventuates in the violent episode, and therefore it suffers from a blind spot in that it cannot assign responsibility in cases of violence" (Hoffman, 1990b, p. 10).

Furthermore, Hoffman introduced an additional layer of complexity to the power debate in reflecting upon the distance set up between the therapist and client positions. This reflects the position Anderson and Goolishian (1990) present as discussed above. Referring to Erickson, Hoffman (1990b) asserted that in certain respects the cybernetic metaphor is limiting in that

it gives the therapist, as the one who analyzes the hidden system of communication, enormous power...the family [cannot] be aware of the system of rules that governs their 'pathological' communications. The imputation of ignorance to the family and all-knowingness to the therapist is inevitable. The therapist becomes a kind of Master Interpreter that leaves him or her in charge of the field *by definition*. (p. 9)

In essence, Hoffman (1990b) was saying that the family has no knowledge of or access to the language used by the therapist or therapeutic team to describe them. This is kept out of the therapeutic domain, and thus a divide between client and therapist evolves which cannot be adequately crossed within the cybernetic paradigm. Hoffman took the argument a step further in asserting that the language of cybernetics as applied to emotional or behavioural 'pathology'

is essentially as pejorative (while couched in cleverly constructed semantic disguises) as the language of the medical and psychodynamic models. All of this results in "a hiatus in the connection between therapist and family that has been enormously limiting for the field" (Hoffman, 1990b, p. 9).

According to Hoffman (1990b, 1991) this hierarchical distance between therapist and client in the cybernetic model, is resolved in the domain of post-modern theory. Gergen (1991) argued that traditional therapists believe in and search for the 'essences' in the human experience that must be sought out, placed in an appropriate narrative, and offered to clients in place of their old, illusory narratives (Hoffman, 1991). Post-modern therapists however, do not believe in 'essences':

Knowledge, being socially arrived at, changes and renews itself in each moment of interaction. There are no prior meanings hiding in stories or texts. A therapist with this view will expect a new and hopefully more useful narrative to surface during the conversation, but will see this narrative as spontaneous rather than planned. The conversation, not the therapist, is its author. (Hoffman, 1991, p. 13)

Hoffman (1990b) thus proposed:

using a post-modern interpretive framework as a banner under which our experiments in de-constructing therapeutic 'texts' might take place. In therapy, we listen to a story and then we collaborate with the persons we are seeing to invent other stories or other meanings for the stories that are told. (p. 11)

From this position, the therapist is not the expert changer. The therapist is rather a kind of participant bard.

Hoffman (1991) pointed out yet another limitation of the cybernetic model, once again with regard to the therapist-client divide. She argued that in terms of the systemic paradigm, present patterns in the family were presented as serving to constrain and maintain the symptom. Pathological behaviours were thus no longer understood as residing 'in' the individual, but 'in' the family. The therapeutic aim was thus to disrupt the patterns that defined

the systems. As such, "there was no need to develop any more of a personal relationship with people than was necessary to keep them from dropping out of treatment" (Hoffman, 1991, pp. 10-11). The consequences of this are twofold. Firstly, the therapist assumed a separate position from the client system that mirrored the distance employed by the psychoanalysts in defense of the transference. That is, the self of the therapist was never deemed useful in the therapeutic encounter. Secondly, an empathic therapeutic stance was considered to be useful only in so far as it kept the client system in the therapy. It was not considered to be useful in and of itself. Hoffman, in her gradual shift toward a more collaborative stance, was further encouraged by ideas deriving out of a body of work termed 'Cultural Feminism' to challenge the "technocratic coldness" (Hoffman, 1991, p. 11) of the systemic model. Gilligan (in Hoffman, 1991) noted that in making moral choices, women were drawn to protecting relationships whereas men were more concerned with what is 'right' : "Connection seemed to be more highly prized by women than order, justice or truth" (Hoffman, 1991, p. 10). This insight, together with conversations with other women therapists around what happened behind the privacy of their therapy doors, seemed to have freed Hoffman to engage in empathic connectedness with her clients without feeling as if she were being epistemologically adulterous. Moreover, respecting the voice with which people story their lives further disrupted the expert-beneficiary divide in so far as the client was seen to be an expert narrator of his or her story. Hoffman wrote that:

The attempt to honour where people stood and how they saw things became a constant reminder that participants in therapy had their own expertise. A value was placed thereby, on a participatory experience validated by the expression of many voices, rather than by a reliance on the voice of an expert. (p. 11)

Certainly, this 'permission' to dismantle the rigid boundary between therapist and client system through bringing the self of the therapist into the therapy, through inviting empathic interacting back into the therapy, and through respecting not only the process-, but the content-descriptions of the client, came as a relief to me. I had come to feel as if I was constantly engaging in some kind of epistemological cross-dressing in the year of my internship where I would speak about the world that I inhabit (where I deemed it to be appropriate), and would facilitate the telling of sadness and pain (where this seemed to be an important narrative theme) from an empathic, rather than strategic stance, and would listen without constant 'process' therapeutic cynicism to the 'content' of the story being told. Further, specifically in Katlehong, I

would enter the therapy system without a particular therapeutic plan. At first, this was because the context presented me with too many new variables with which I did not know what to do - I was no longer the expert on home ground, rather the novice in a foreign terrain. Surprisingly, these therapies were possibly the most useful, both for myself and the clients I spoke with. This speaks of the utility of a less conscious stance, the notion that "systems often change more easily when there is not an extreme intentionality for doing so" (Hoffman, 1985, p. 68). And this is not because in a strategic sense, going with the resistance will paradoxically collapse it. Rather because, when therapists fail to restrain their own impulse to define the problem and then go about interrupting it accordingly, they often miss the world of the client system entirely, and move into a domain that has little, if anything to do with the members of the system in the therapy.

In short, the work of Anderson and Goolishian (1988, 1990), Goolishian and Anderson (1992), and of Hoffman (1990b, 1991), represents a move out of the cybernetic metaphor concerned with patterns maintained by negative feedback loops, into a narrative metaphor concerned with the ways in which we story our lives. Therapy thus addresses the legends that people bring into the therapy room with the assumption being that in the therapeutic conversation that will ensue, a new story, with a different theme will be consensually arrived at. The notion that the therapist must achieve control of the therapeutic relationship, is anathema to this position which is by definition collaborative. Following on from this point, the notion that the therapist, in attempting to gain control, should assume a concealed, paradoxical position is antithetical to this position. Further, the notion that the therapist can define a set, planned strategy according to which the therapy and the outcome will follow is incompatible from this perspective which assumes that all 'realities' inhere in the dialogical interchange between participating parties. In terms of this position, control and the means of achieving it, become non-issues. Therapy happens in the space between all of the participants of the therapy system. This movement is concerned with moving away from the hierarchical intentionality of almost all other therapeutic positions. There is an attempt to step out of the expert position where the therapist can identify a problem, can identify where the system must move to, and can formulate how to get there. Rather, the therapist intends simply to join in a conversation (in a skilled way), and experience the effects of the story that unfolds.

The work of a number of theorists reflects the values that Gergen, Hoffman, and Anderson and Goolishian describe. The work of theorists such as White and Epston (1990),

Sluzki (1992), Penn and Sheinberg (1991), Bruner (1987), Efran and Heffner (1991), and Bogdan (1984) is predicated on the social constructivist position that we create our worlds, our realities through the ways in which we story them. The therapeutic task remains the retelling of the myth in the evolution of one, or many, more useful ones.

This body of work was one I fitted well with, especially with regard to the 'values' that it introduces. Notions of a collaborative, open therapeutic stance rather than a paradoxical strategic stance certainly fitted more naturally with the self that I know and describe. Further, encountering this body of work enabled me to make sense of the therapy that I had experienced with Megan in my first year of training. Unbeknown to me, I had engaged in a therapeutic process which mirrored the values, as well as the process, of a narrative therapeutic stance. Therapy sessions were spent telling, and retelling stories in the evocation of expanded articulation not only for Megan, but for myself as well. This was not a context of expert changing client, but of therapist and client collaborating with one another in a manner which opened many useful narrative windows for both participants.

However, 'happily ever after' is not an ending that I can offer in this story and so I invite the reader to join me in a mythical conversation between two voices attempting to construct a useful therapeutic script.

CHAPTER 7

THE EVER-PRESENT: IN 'BOTH-AND' LAND BUT NOT HAPPILY EVER AFTER

The year of my internship brought me full circle, to the beginning point of this story, the psychodynamic model. During the second half of the year, in my move away from a singular focus on the cybernetic metaphor towards a broader understanding subsumed under the umbrella of constructionism and narrative, I began to struggle to make sense of certain core differences between the therapeutic position of the psychodynamic and family therapy schools. To this end, I constructed a mythical dialogue between two voices; self 1 and self 2. Certainly, both voices belong to me. Their conversation represents my attempt to make sense of the journey that I travelled in the course of completing my Master's degree. In this conversation, I shall use the term 'family therapy' to refer to the entire body of work incorporating first-, and second-order cybernetics. Further, I shall refer to the third movement of second-order cybernetics as the 'narrative' movement.

self 1: I can easily make sense of the differences between the psychoanalytic drive model and that of the family therapy model in terms of the evolution of the self, and thus of symptomatology - the drive model focuses almost exclusively on an inherited source of development, the drives, and their potent impingement on the developing self. This conceptualisation clearly does not adequately account for the *context* of the process, while for the family therapy field, context is primary. However, the psychodynamic, relational models do take interpersonal factors into account. They do look at the impact of the environment on the developing self. Is this not just like the family model position?

self 2: I understand your confusion. However, I must first draw your attention to your point regarding the drive model. Yes, the drive model does focus on the role of the phylogenetically inherited drives but it is important not to forget that Freud himself did not fail to stress the impact of the external world on the development of the child in his formulation of the superego, the internalised voice of the parents. However, all of this was secondary to the immense influence of the dynamics of the drives on the developing individual. His theory thus

remains primarily a drive based (and thus acontextual) conceptualisation. Now, with regard to the relational theorists and their attentiveness to the external context I will reply with three points:

Firstly, even though the relational models take relatedness into account, the unit of treatment remains the individual because it is assumed that the causal effect of relatedness occurs intrapsychically and it is this intrapsychic damage that causes pathological symptomatology. In other words, the relational pattern causes the pathology inside the psyche, but *it is the internal damage caused that maintains the symptomatic behaviour*. It is thus this internal world, and not the world of relational patterns that is considered to be the treatment target. If the internal dynamics are healed, the symptom will abate. Both the drive and relational models are thus internal theories, that is they share the assumption that "the drama of life plays itself out within man, in a hypothetical inner space called the psyche" (Kruger, 1984, p.71). The family therapy position is quite different - the context certainly does impinge on the individual in unique ways, and difficulties may arise which are experienced differently for all of the individuals in the relational context. However, the given difficulties are not understood to be maintained solely by the internal experience of any particular individual. Rather they are conceptualised as being maintained either by the interactional patterns that have evolved (in terms of the cybernetic metaphor) or by the languaging that occurs around these patterns (in terms of the narrative metaphor). Thus the unit of treatment remains the domain of relational patterns and/or of language.

Secondly, in both the drive and relational models, the fundamental development of the self (whether primarily drive or object motivated) is assumed to occur in a delineated space of time, in the first few years of life. If this development was disturbed by any one of a number of factors, all that is left is to heal the damage done with the damaged individual in question. From the perspective of cybernetic theory, the self coheres in an evolutionary way within the patterns of systemic interaction. The self is not a static, fixed entity. Furthermore, from the perspective of narrative theory, the self is being constantly recreated with each old or new story being told. Selfhood does not happen only in the first year of life - it is an ongoing process of co-creation. In other words, the psychoanalytic models posit a self (ego) that is a static, fixed entity rather than fluid with the potential for constant recreation.

Thirdly, while the relational model takes relatedness into account, it is a linear formula - the mother's capacity to meet the relational needs of the infant, to accommodate herself

completely to the infant, determines the level or degree of integration achieved. "Relational theorists ... blame psychopathology on parental failure" (Greenberg & Mitchell, 1983, p.229). There is no concept of mutual interconnectedness and impact in the process of development. Interestingly, the drive models are linear in the opposite direction - it is the endogenous source of self which is the primary constituent in the causality of self - it remains a linear formulation. However, the second-order family therapy position is one of mutuality and fit - no one factor is understood to be the source of self evolution. Further, the formulation of the relational model considers only the relational patterns between infant and mother (with some attention paid to father). The family therapy field considers a far broader sphere of influence - all levels of the context are accounted for.

self 1: I'd like to move this conversation into the domain of therapy. The drive theorists encourage a position of neutral quiet with minimal interference of the transference neurosis. The noninterfering position is not unlike the injunction of both the second movement of second-order cybernetic therapists with their stress on a neutral position in allowing the family to be within its own pattern of coherence. Furthermore, this position is again mirrored by the narrative therapists and their call for a non-intrusive, non-instrumental therapeutic position. Then again, the position of involvement assumed to be unavoidable and useful for the relational therapist is not unlike that stance encouraged by the first movement, second-order cyberneticians who call for a participant therapist involved in proactive therapeutic interventions in the service of disrupting the relational field.

self 2: Let me first address the points of commonality between the two psychoanalytic models and the ways in which these differ from a second-order family therapy position. I will then return to the specific detail of your question. What is consistent across the analytic models is the assumed position of the therapist as the expert in the therapeutic relationship. The therapist is the one who will heal the developmental damage either through the gift of the accurate interpretation or through the provision of the needed primal, not-yet experienced relationship. Also, both models actively reify constructs (with regard to therapy, transference and countertransference are good examples) - theoretical metaphors assume the position of uncontested, objective reality. From within a strictly second-order cybernetic position, the therapist is not the all-knowing expert changer, but a collaborator in a process of evoking difference. Further, a family therapist who is committed to the values of a second-order perspective will constantly remind herself that whatever meaning frame she invokes in the

therapy remains always in the domain of metaphor, and is never conceptualised as approximating or reflecting a universal reality.

Now, to return to the specifics of your question regarding the process of therapy. Yes, the drive model analyst might assume a non-interfering position that is not unlike that of the second and third movement therapists, however, the underlying assumptions differ. The analyst demands quiet in that she does not want to disrupt the transference neurosis in order that, once it emerges, she can offer this 'truth' back to the analysand as an interpretation in the process of making the unconscious conscious. The second movement, second-order therapist prefers a position of noninterference in order to avoid disrupting the coherence of the family system. There are no truths hovering nearby any transference - all that is available is the potential for the system to discover an alternative, still coherent fit between meanings and behaviours. On the other hand, for the narrative therapist, a non-instrumental position is consistent with the notion that reality inheres in the meaning space *between* the participants in a conversation. Therefore, for one participant to assume that she has greater narrative power, is to move into the arena of monologue, which obstructs the co-evolution of expanded alternative meanings. Once again, there are no truths to be exhumed, all that is available is an as yet untold, more useful story.

Then we come to the busier relational analyst who is aware that you cannot not have an impact on the therapeutic system, and further, that activity can be useful. Certainly, the first point regarding an awareness of one's role in the therapeutic process constitutes a fundamental ingredient of a second-order position. Moreover, this position has been extended in the family therapy field, to the point where the divide between expert therapist and client dissolves. Further, the injunction regarding the configuration of the therapeutic activity is different: The relational analyst is concerned with activity that will foster an atmosphere of trust - the meeting of unmet developmental needs is what is called for. Additionally, in the establishment of this holding environment, the relational analyst is careful to never breach the necessary divide between client and therapist (necessary in terms of inviting transference issues). The second-order therapist on the other hand (first movement, and second movement where appropriate) is not constrained by the instruction to create a holding environment, nor by the instruction to protect the transference process. Rather, the therapist attempts to be active in diversely useful ways, to perturb where the relational analyst would hold, and to hold where it would facilitate altered interactional patterns. One might say that the injunction with regard to activity for the

relational analyst is 'be actively holding while respecting boundaries'. The injunction for the family therapist is broader and might be summarised as 'be usefully active'.

However, your question touched on an important underlying theme - you were right in your observation that at times the process of the therapy might appear to be the same across the models - the therapists might seem to be doing quite similar things. This is assumed to be entirely compatible with a constructionist perspective. What is done is not of primary significance. Whether what is done fits with the given therapeutic system in a respectful and useful way is what is required. In much the same way, the stress on invoking the expression of feelings in therapy (catharsis) is an analytic idea that seems to have been resurrected out of excommunication in the family field by authors such as Anderson and Goolishian (1990), and Hoffman (1990b). However, once again, only the process is mirrored, the underlying assumptions are very different. That is, in terms of the drive model, the expression of feelings represents a cathartic experience which releases hidden, unconscious feelings that had up until that point been expressed through symptomatic behaviour. For the narrative therapist, feelings reflect another level of meaning which can be reconstructed in the conversational domain.

self 1: Perhaps you could use that line of arguing to explain another apparent point of similarity between the different approaches. It seems to me that Keeney's (1983) notion of therapy as a process of introducing 'meaningful noise' into the client-therapy system, or Anderson and Goolishian's (1988) description of therapy as the drawing out of the 'not-yet-said' in conversation, mirrors the analytic position regarding therapy as the evocation of therapeutic interpretations.

self 2: Again, certain processes will be similar in the therapy room, but the underlying assumptions are vastly different. As Anderson and Goolishian (1988) stated, this 'not-yet-said' (or for that matter, 'meaningful noise') does not exist 'in' the unconscious or in any other psychic structure. Neither is it 'in' the biological structure of the human being. Rather, for Anderson and Goolishian, "This resource, this capacity for change, is in the ability we have 'to be in language' with each other and, in language, always to develop new themes, new narratives, and new stories" (p. 381). For Keeney (1983), 'meaningful noise' inheres in drawing out information (difference) that reflects the multiple communications presented by the family in their shift between stability and change, and presenting the information within a coherent meaning frame.

Once again, this `noise' is only one possible distinction drawn out of a medley of latent differences.

self 1: Your answer brings me to my next question. It would seem to me that `therapeutic usefulness' is defined more clearly in terms of the cybernetic metaphor, than either the biological, or narrative metaphors

self 2: Your question speaks more loudly of a statement. Would you elaborate?

self 1: Certainly. While it was in my internship that I came to understand the therapeutic position of constructionism, and to find it to be a particularly useful one, I sit now in a position of a certain amount of concern. When I look back at the many pages of this story, I am aware of the vast number of ways in which one can punctuate any given therapy. The `not-yet-said' can be retold in so many different theoretical frames. I am not convinced however, that the work of Anderson and Goolishian (1988, 1990), and the latter work of Hoffman (1990b, 1991), and all of those theorists telling the story of constructionism and narrative, is enough.

self 2: Once again, I am not sure what you mean. Could you elaborate further?

self 1: Clearly, all of these theorists came to their position after many years of absorption in alternative ways of punctuating therapeutic stories. It would seem to me, that without the historical baggage they enter the field with, it would be particularly difficult to retell the stories they hear in alternative ways. That is, the historical fables of the field offer a rich content to the retelling process without which I feel the field would be no more than a cleverly disguised reflecting technique. Anderson and Goolishian (1988, 1990) speak of the importance of questions in broadening the conversational domain. On what do they base their questions? Out of what does `skilled speaking' arise. I have little doubt that the thematic content of their questions is drawn from their prior training in the field. They are in a position to discount the work which preceded them. But I, after travelling a far shorter road, am concerned that what they offer is not enough. Ironically, Hoffman's (1981) response to the "minimalist" work of Watzlawick et. al. (1974) resonates strongly for me with regard to the present move into constructionism. I will repeat Hoffman's (1981) quote here:

It is really not enough to ask about the problem, find out what solution is being tried, and then interrupt or reverse that solution. These are the shortcuts of master therapists who have an understanding of the complexity of the processes they are dealing with, and who have evolved an intuitive methodology for redirecting these processes. They can well say that they do not have to bother with the structure of the family - they know it by heart. (p. 278)

I would argue that the therapists who are advancing a constructionistic approach to therapy, and in the process are arguing that any focus on the interactional patterns in a family is epistemologically incorrect, are in a position to do this in that they have, over years of practise in the domain of interactional patterns, "evolved an intuitive methodology for redirecting these processes. They can well say that they do not have to bother with the...[patterns that inhere in families]... - they know it by heart" (with apologies to Hoffman, 1981, p. 278).

In reading the work of this body of theorists I am relieved that power is no longer a commodity for many theorists, that the words spoken by people, and the pain that accompanies those words, are being taken seriously. However, I would argue that we need to *genuinely* move from a position of "either-or" to one of "both-and", where "both-and" incorporates those bodies of theory which speak in "either-or" terms because of the utility of their thematic content in the retelling of the therapy story. In short, I would argue that the constructionist movement is essentially a meta-paradigm which informs the therapeutic process with regard to *values*, but not with regard to the activities of the story-telling procedure. Keeney (1983) hints at this position in saying:

Cybernetics of cybernetics, which has been developed largely by biologists, provides us with a view of self-reference and an ethical consideration for how we participate in the construction and maintenance of our experiential universe. The avenue to correcting the potentially heartless and ethically bankrupt position of a strict application of simple cybernetics to human systems involves leaping to the position of self-reference and participation prescribed by cybernetics of cybernetics. At this higher order of process we find that we do not throw away the pragmatic advantages gained by a first-order view. Instead, the pragmatics of simple cybernetics are contextualised by a perspective that brings the therapist fully into therapy. (p. 82)

self 2: It would seem that for now, you have come to a story which fits comfortably and coherently with you. Tell me then, how are you presently describing your therapeutic self?

self 1: Well, with this sense of needing more substance, I return once more to the cybernetic model as a useful *fable*, if storied in a second-order way. I do understand therapy to be a process of telling stories where storytelling facilitates the capturing of useful meanings for both client and therapist. However, the content of the story I often fill with Batesonian, and Keenyan notions of double descriptions in addressing cybernetic patterns, as well as with the kinds of metaphors around family myths invoked by Boscolo and Cecchin (in Boscolo et al., 1987) after their split from the original Milan Associates. I am concerned in the story with the themes of differences that are brought forth by the client in the thematic shifting from stability to change. I attempt to weave this multiple perspective into the retold story and find it to often constitute the difference that makes the difference, to be the trigger that perturbs and invites alternatives, to be the bump that invites the (useful) jump (Hoffman, 1990).

self 2: I notice that my voice has become the questioning one, so I will continue with my newly written role in this evolving script. In returning to the cybernetic metaphor, how do you make sense of Anderson and Goolishian's (1990), Goolishian and Anderson's (1992), as well as Hoffman's (1990b, 1991) critique above regarding control and the cybernetic metaphor. If you recall, Anderson and Goolishian (1990) asserted that the cybernetic metaphor is principally concerned with the control of systems: "Mechanical control is the underlying metaphor of cybernetic epistemology" (Anderson & Goolishian, 1990, p. 161). In so far as the cybernetic metaphor is concerned with control loops, the therapist will enter the system in a controlling way. Said differently, the control loop (or homeostatic mechanism) is considered to be so powerful, that the therapist has to invoke an intervention tactic which is commensurately powerful enough to disrupt the control loop. As such, the cybernetic metaphor (first- or second-order) inevitably invokes a controlling therapeutic stance.

self 1: I would argue that, in a similar way to the first-order cyberneticians, Anderson and Goolishian (1990) have misinterpreted the notion of control as it is used in a cybernetic way, considering it rather in terms of its colloquial meaning. Indeed, in engineering terms, no one element can control a system, not a family member, nor the therapist *specifically because of the feedback/control loop*. All of the elements are subject to the constraints of the systemic feedback loops. I think that this misinterpretation is further fed by Haley's (1959, 1963)

invocation of power and control as metaphors in the human domain. I have repeatedly argued that Haley's assertion that control was the central issue in all human, and certainly therapeutic encounters, derived not out of a cybernetic but a communicational model of interaction. Indeed, the strategic, concealed stance and the associated techniques (going one-down, paradox and symptom prescription etc.) are based in the assumptions of Haley's communicational model, not the cybernetic metaphor. The first-order cybernetic theorists told the cybernetic story with the communicational model as the principal subplot, and in this thematic mix, the second-order principles which inhere in the cybernetic metaphor were directed backstage. One can then argue that the 'homeostatic mechanism' looked so powerful to the first-order theorists (thereby demanding a powerful intervention) because it was storied in the language of Haley's communicational theory.

Further, I have argued that the first-order cyberneticians acknowledged in part the mutual, circular influence of the elements that comprised the family system, but forgot to include themselves as one of the elements of a higher order, client-therapy system. They thus assumed that their influence on the client system could be linear and predictable in its effect. However, if one adopts a second-order perspective, the therapist becomes part of the control loop subject to, and mutually influencing the feedback loops of the therapeutic system. As such, I would disagree with Anderson and Goolishian's (1990) argument that the cybernetic metaphor necessarily places the therapist in a controlling position. I think that the cybernetic metaphor certainly can accommodate a collaborative therapeutic position, where collaborative implies that no disturbance can have a predictable outcome, and no observer can observe without disturbing, and being disturbed.

self 2: Your response does not, however, accommodate the other tier of Anderson and Goolishian (1990), and Hoffman's (1990b) argument regarding the cybernetic model as controlling. That is, the cybernetic metaphor necessarily demands a therapeutic position wherein the therapist observes the dysfunctional interactional patterns and intends to act in such a way as to facilitate the emergence of useful alternatives. Whether one acknowledges that as therapist one becomes a member of the observing system (second-order stance) or not, one cannot avoid the expert position that this critique speaks of.

self 1: Yes, this certainly is a perturbing critique. To recap, a cybernetic conceptualisation does assume that there will be certain interactional patterns that are

experienced by the family members as not useful, as uncomfortable, and it is this discomfort which brings them to the therapy. The difficulty is that this inevitably sets up a position where the therapist becomes the expert who firstly identifies the problematic patterns, and secondly devises an intervention which will perturb at the level of the patterns (the behaviours) or of the setting (the premises). This invites an expert, intentional therapeutic stance - the therapist wants to change the system, in a particular way, with a particular outcome, and the client system could not have arrived at this description without the help of the expert therapist. Certainly, this position is set up from the inside of the cybernetic metaphor. And certainly, it cannot be resolved within the metaphor itself. It easily spirals into a language of normative, good, healthy patterns of interaction - a Parsonian teleology of social systems dawns. And yes, the social constructionist position does transform all of this into a non-issue. But, where I would diverge from the critique of Anderson and Goolishian (1990), and Hoffman (1990b), is in asserting that this difficulty does not inhere in the *cybernetic* metaphor per se. It is a problem that any therapy which does not describe reality as existing in the domain of language will arrive at. All other therapies describe problems, whether they be intrapsychic conflicts, erroneous cognitions, dysfunctional behavioural habits, or patterns of behaviours that fit a context but are experienced by the family (for whatever reason) as problematic. The therapist is the one who will identify the problem as defined, and intend to facilitate change thereof. However, *this is not particular to the cybernetic metaphor, and does not inhere in the notion of constraint through negative feedback*. In other words, the control of the system as occurs in terms of feedback processes, must not be confused with the control of the therapist as the person who has been trained to set her eyes in a particular way, and act accordingly.

Essentially, Anderson and Goolishian (1990), and Hoffman (1990b), are arguing that the cybernetic metaphor, with its focus on the homeostatic functioning of the system, cannot be truly second-order, even if higher orders of recursion are considered. For them, the "both and" position does not inhere in cybernetics. For them, power inheres in the cybernetic metaphor, either because, the therapist must, by definition, involve himself in restructuring the patterns that he observes (whether in a first- or second-order way, that is, either accounting for his input or not) and because the language dissociates itself from its content, the people constituting the client system. For both sets of authors, the cybernetic metaphor invites a therapeutic stance which is instrumental and strategic. It is only in moving into a narrative, constructionistic position that one can move out of this stance. However, in view of the discussion above, I am not convinced.

self 2: In moving back to the cybernetic metaphor, is the world of meanings and language no longer important to you?

self 1: Not at all, on the contrary. What I have tried to do is to couple the cybernetic metaphor with an alternative explanatory frame to the communicational model, one concerned with meanings. That is, I have attempted to describe the systemic setting in a language other than one concerned with the manoeuvres which inhere in levels of message. In accordance with the notion that the manner of therapeutic inquiry informs the mode of therapeutic activity, I have attempted to describe one possible arc of the therapeutic process as addressing the systemic setting directly. That is, if one does not forever and always distinguish the client system as circling around various attempts at communicational disqualification (and thus as being impervious to perturbation which addresses meanings in a congruent way) one can return to the utility of the domain of meanings in coevolving an alternative setting. Further, I have depicted this setting as comprising a set of evolved, cogent meanings and premises which constrains the interactional patterns of the systemic elements. As such, I think that the cybernetic metaphor can be usefully coupled with the focus on meanings that spirals out of a constructionistic paradigm.

I have argued that a major limitation of the first- and some of the second-order cyberneticians was their lack of a focus on the domain of meanings in the perturbation of the systemic setting. To reiterate, this was contextually based in the origin of the family therapy field as originating out of a backlash against the psychoanalytic field with its focus on meanings and interpretations. As such, the family therapy field moved into an exclusive focus on patterns of behavioural interactions, assuming that if one shifted the behaviours, the meanings would automatically follow suit. However, perturbation in the domain of meanings itself remained secondary. This focus on behaviour occurred simultaneously to, and was fostered by, Jackson (1957) and Haley's (1959) setting of the communicational model alongside the cybernetic metaphor. Perturbation of behavioural patterns thus principally constituted the invoking of paradoxical therapeutic prescriptions. The stage was clearly set for an unempathic, strategic therapeutic stance.

I have argued that the work of Boscolo and Cecchin (in Boscolo et al., 1987) can be usefully described as the first body of work proposing therapeutic perturbation in the domain of meanings, without any associated paradoxical prescription. Boscolo and Cecchin proposed

therapeutic activity at the level of the setting of the system, where the setting is defined as the organising principle which constrains the behaviours of the elements of the system. In addressing family myths, Boscolo and Cecchin were in effect inviting a recalibration of the system without having to prescribe interventions at the level of behavioural patterns. They were perturbing in the 'cogent' domain of ideas, which for Bateson (1979), constituted the only reality.

In asserting this position, I contend that the domains of behaviour and meanings are interactive, deriving out of and mutually influencing one another. As such, a perturbation in one domain, will recursively affect the activity in the other domain. Furthermore, if one considers the model in this way, it does allow for notions of evolutionary change (as opposed to a focus only on stability). Certainly, stability in terms of the continued existence of the system as *that particular system* must endure, however, the category or content of that continued stability (the organising principle itself) can be perturbed, and can evolve. In proposing the evolutionary potential of the setting, I must recall Bateson's (1979) assertion that in biological evolution, "the limits of what can be achieved by somatic change or by learning are always ultimately fixed by genetics (pp. 195-196)". Applied to the cybernetic metaphor, any system can potentially function in terms of several settings, however, the organising principle of any system can only evolve to what it can potentially evolve to - to a point which remains internally coherent for the system, and certainly not to where the therapist thinks it can and should evolve to. In Maturana's language, the structure of the system can change, but only in the ways which are determined by the structure of the system.

Finally, in taking note of the ways in which the therapist must become part of the feedback loop, one cannot ever say that the recalibration of the setting is a linear phenomenon. It will be co-determined.

Looking at the evolution of the family field, it is interesting to track the development of the different models in terms of this argument. Clearly, I am using these diagrams metaphorically, and in a sense inappropriately in Figures 7.1 and 7.5, in that neither the psychoanalysts, nor the constructionists invoke the cybernetic metaphor in their theoretical distinctions.

The psychoanalytic model, the historical antecedent of the field, is exclusively concerned with recalibration of the setting through working in the domain of meanings. The

therapeutic transference, and associated insights constitute the route taken in this model. There is no direct perturbation at the level of interactional behavioural patterns. Further, therapeutic intervention is described in a linear causal way (see Figure 7.1).

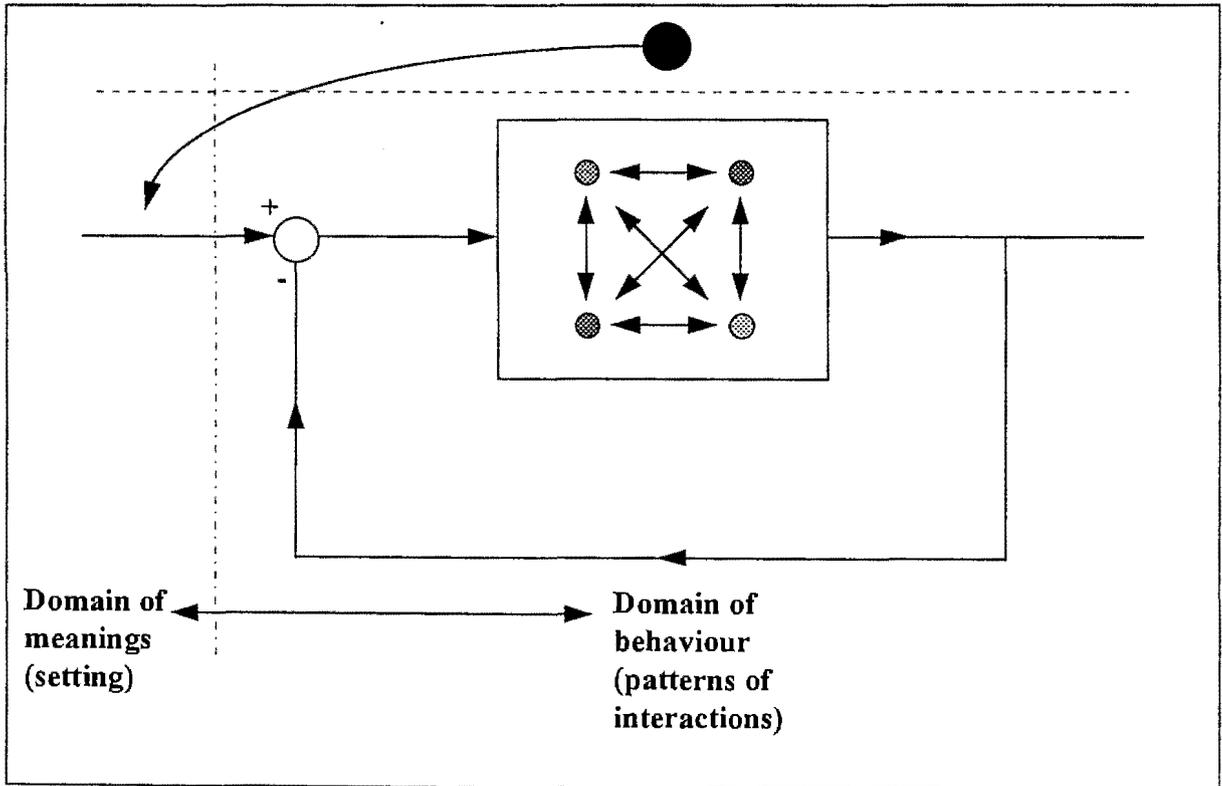


Figure 7.1 Psychoanalytic model

The first-order cybernetic therapists (Jackson; Haley; Watzlawick, Weakland and Fisch; and the first generation Milan Associates) were singularly concerned with disruption of the setting at the level of behaviour. Strategic, concealed prescriptions constituted the primary therapeutic method. These theorists described their interventions in a linear way (see Figure 7.2).

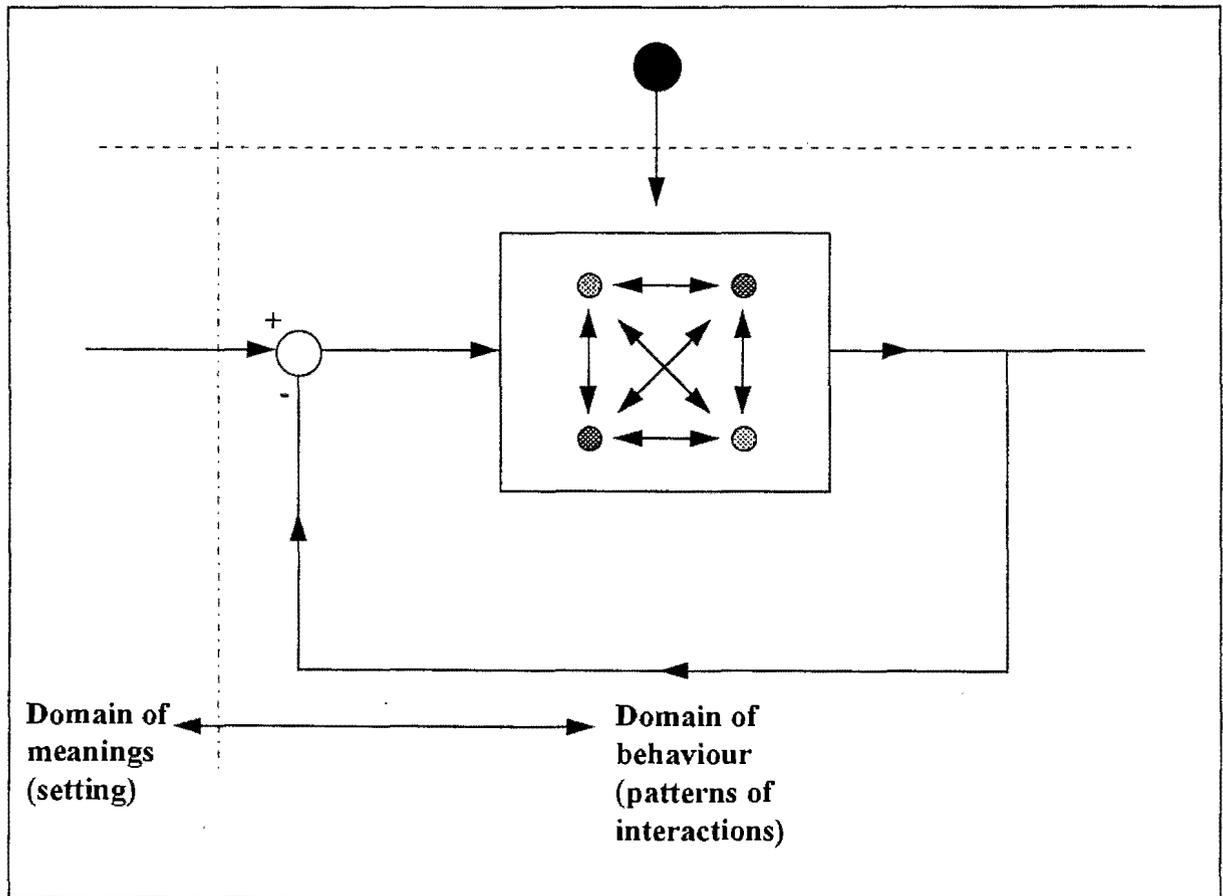


Figure 7.2 First-order cybernetic model

The first movement, second-order therapists (second generation Milan Associates) were concerned largely with perturbation in the domain of behaviour and their prescriptions retained a strategic feel. However, they introduced a description of therapeutic activity as perturbing in a mutually causal way (see Figure 7.3).

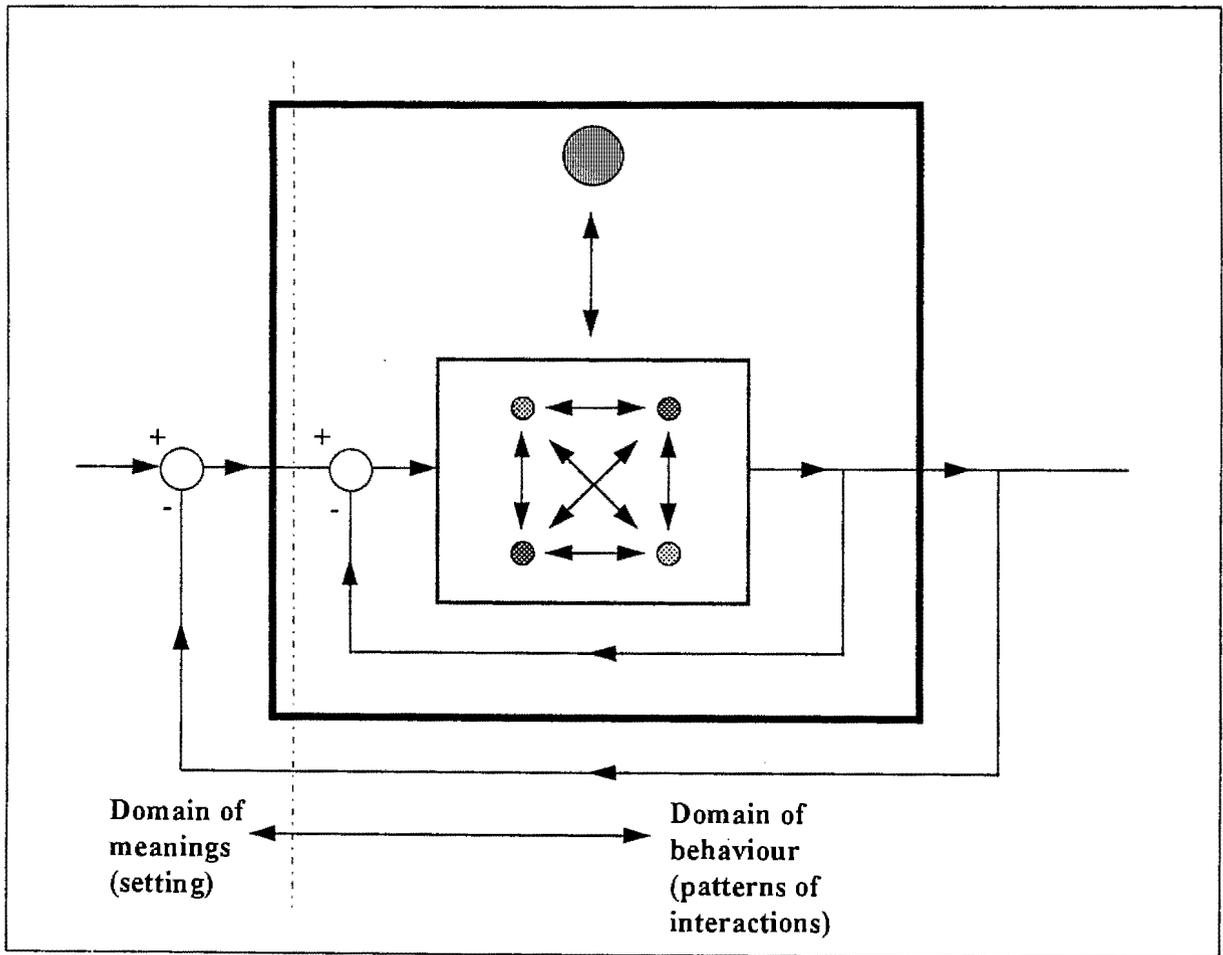


Figure 7.3 First movement, second-order cybernetic model

The second movement, second-order therapists (specifically Boscolo and Cecchin, and Dell) seem to have incorporated both domains in their therapeutic methodology. They focused on the domain of meanings as the source of therapeutic intervention and their stance did represent a move away from the prescription of interventions. However, their work did describe certain methods of therapeutic intervention in the domain of behaviour (such as the use of rituals) but without a paradoxical flavour (see Figure 7.4).

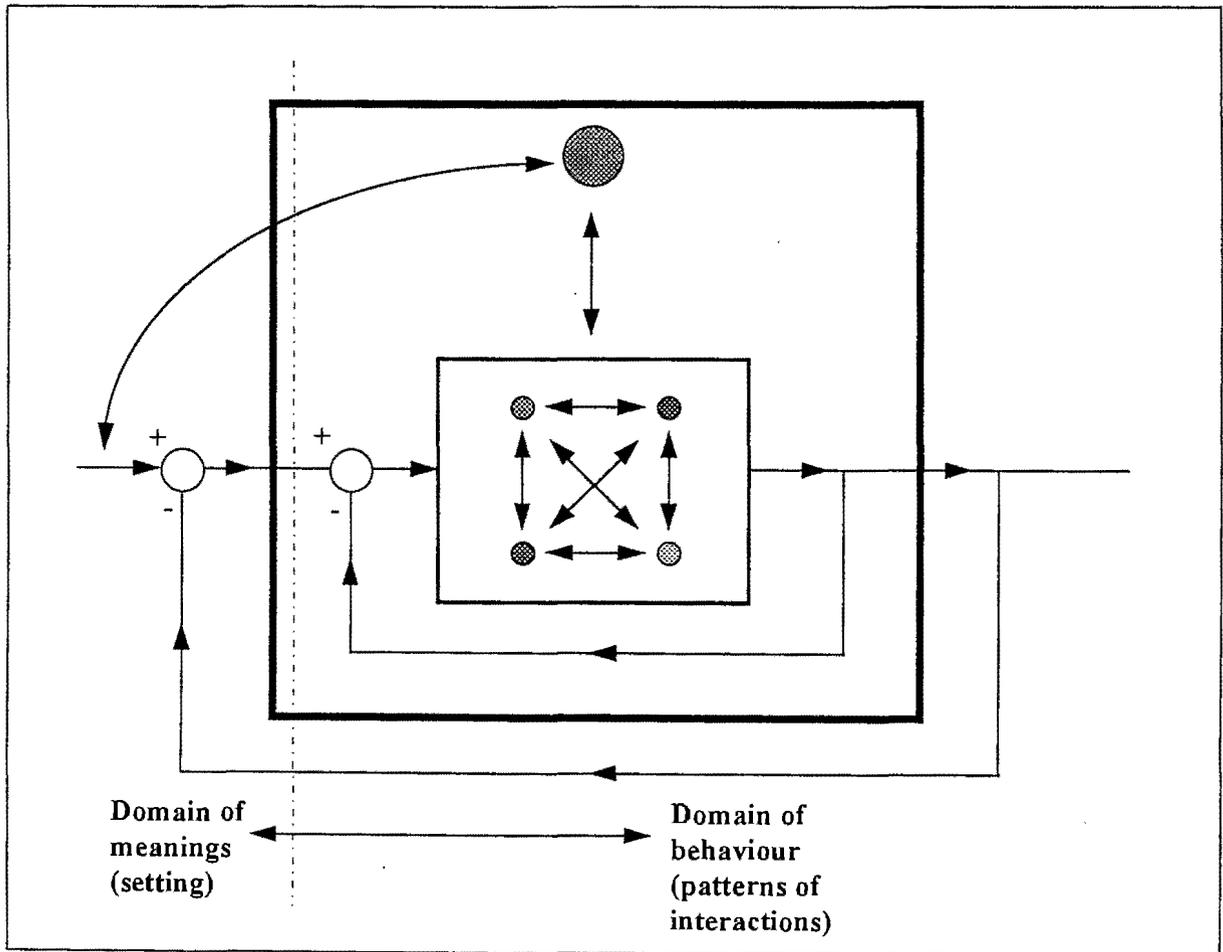


Figure 7.4 Second movement, second-order cybernetic model

The third movement, second-order therapists (Anderson and Goolishian, Hoffman) have returned full circle in their move exclusively into the domain of meanings. In terms of this model, the restorying that the third movement speak of can thus be described in a different narrative voice, as constituting a recalibrating of the system in the domain of language, of meanings - not in the domain of patterns of interactions. They certainly differ from the psychoanalytic model in terms of the conceptualisation of the therapeutic role. This is not the place for the therapist invested in thinking of herself as the expert healer of the dysfunctional patient - there is a constant stress on the co-evolution of the therapeutic process (see Figure 7.5).

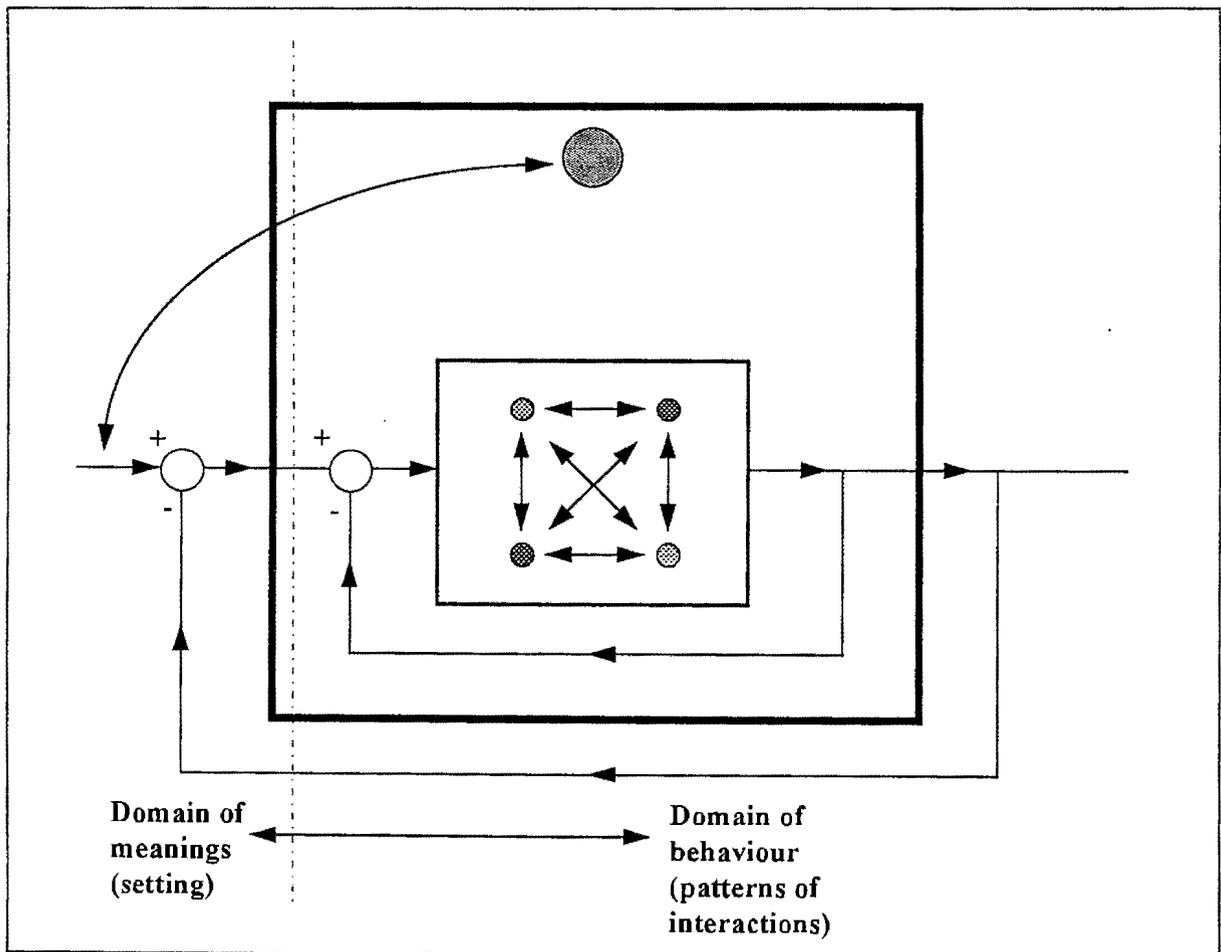


Figure 7.5 Third movement, second-order cybernetic model

self 2: Which description fits most comfortably with you at present?

self 1: In terms of my argument above, I described the domains of meaning and behaviour as mutually determined. As such, one cannot argue that therapeutic activity in the

domain of behaviour will not constitute a perturbation. In reviewing this work, I have come to a position wherein I realise that my discomfort with prescriptions (therapeutic 'homework') had to do with the strategic, concealed manner in which they were consistently invoked in the family therapy field. However, at present, I find it useful to directly offer the family suggestions about alternative ways of interacting or even thinking. Yet, these suggestions are always offered in an open, unconcealed manner - I share my assumptions with the client system. Further, I never anticipate a predictable effect, the suggestion constitutes only a perturbation, not a solution. In terms of this, I thus find the most useful description of the therapeutic process to be one which incorporates a description of ways of perturbing the systemic setting in the domains of meaning *and* of behaviour. In advocating this position, I wonder whether the third movement therapists have not, in their urgency to be integrous and unintentional, veered dangerously into a singular focus on content (abiding in the domain of meanings) without keeping an eye out for process (abiding in the domain of behavioural patterns).

self 2: Looking back, did you gain anything from interacting with the third movement?

self 1: Your asking surprises me. Without doubt, I found the literature to be enormously useful in a multiplicity of ways. It certainly helped me to define the self which I can sit comfortably with. I learnt conclusively that I cannot change the client system with which I work. I can only join them in diverse ways, and wait for the folded to fold differently. I once again felt free to speak congruently in therapy. I once again felt free to engage with clients about their feelings, not as a strategy, but because I deemed it useful in the context. The chasm that had evolved in the relationships I had previously established with clients began to close. In short, I was able to truly step down from the therapeutic throne. However, I still assert that this is a value system that does not need to belong exclusively to the third movement. Even while the third movement theorists argue that a more equitable client-therapist relationship is epistemologically impossible within a cybernetic position, I find the cybernetic metaphor to be a conceptual paradigm which informs my activity in the therapy context in a multitude of useful ways, and which does not inevitably generate a power divide between myself and the client system.

self 2: Well, this alternative story seems to be internally coherent with your voice for now. But do you at times forget that this too is only one possible story?

self 1: At times, but never for long. The luxury of such clarity lives in my past.

self 2: Do you miss it?

self 1: Occasionally. The clarity that arises out of a positivistic epistemology is certainly comfortably. It invites self assurance. Feeling like the expert is somewhat inviting as I sit on the edge of this story, with my work beyond the safe walls of the university department awaiting me.

self 2: Well, what restrains you?

self 1: A certainty that certainty is no longer a useful or viable commodity in the narrative description of my therapeutic self. The understanding that this story will always be coming-into-being. And the sense that while questions are invaluable, arriving at answers is no longer obligatory.

There was a book lying near Alice on the table, and while she sat watching the White King (for she was still a little anxious about him, and had the ink all ready to throw over him, in case he fainted again), she turned over the leaves to find some part that she could read, - " for it's all in some language I don't know," she said to herself.

It was like this:

JABBERWOCKY

And the mome raths outlape,
All mimsy were the porcupes,
Did gyre and gimble in the wabe;
'Twas brillig, and the slithy toves
Had gyre and gimble in the wabe;

She puzzled over this for some time, but at last a bright thought struck her. "Why, it's a Looking-glass book, of course: And if I hold it up to a glass, the words will all go the right way again."

This was the poem that Alice read:

JABBERWOCKY

'Twas brillig, and the slithy toves'
 Did gyre and gimble in the wabe;
 All mimsy were the borogoves,
 And the mome raths outgrabe.

"Beware the Jabberwock, my son!
 The jawas that bite, the claws that catch!
 Beware the Jubjub bird, and shun
 The frumious Bandersnatch!"...

It seems very pretty," she said when she had finished it; "but it's *rather* hard to understand!" (You see she didn't like to confess, even to herself, that she couldn't make it out at all.) "Somehow it seems to fill my head with ideas - only I don't exactly know what they are!..."

-Lewis Carroll, *Through the Looking-Glass*

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